University of Alberta

Participatory Action Research: Merging Theory and Practice in a Community-Based Mental Health Project for Immigrants and Refugees

by

Jeannette Amanda Edith van der Velde

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

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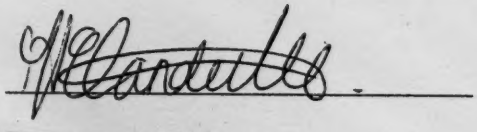

Permanent Address:
3634 - 44th Street
Ponoka, Alberta
Canada
T4J 1A6

Date: Sept 19, 2002

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Participatory Action Research: Merging Theory and Practice in a Community-Based Mental Health Project for Immigrants and Refugees submitted by Jeannette Amanda Edith van der Velde in partial fulfillment of the requirements for the degree of Master of Science.

Dr. Deanna Williamson

Dr. Linda Ogilvie

Dr. Pauline Paul

Dr. Swee-Hin Toh

Date: Sept. 18, 2002

ABSTRACT

This research deconstructed the processes involved in implementing and maintaining a Participatory Action Research (PAR) project, by uncovering how theoretical PAR tenets hold up in the reality of a project: the Community-based Immigrant Mental Health Project. Qualitative data from focus groups and meeting minutes were obtained and the data were analyzed for thematic content. Findings reveal that participation was seen as the gateway into the PAR project, while empowerment and knowledge attainment were the stimuli for continued participation. Also, the data seem to suggest that what motivates an individual to participate in PAR-oriented projects is embedded in a cultural context. Health promotion practitioners, working with ethno-cultural communities, would do well to endorse group strengths and adjust practice nurturing these strengths, remaining attentive to the context and circumstances in which immigrants and refugees migrated.

If you are thinking a year ahead,

sow seed.

If you are thinking ten years ahead,

plant a tree.

If you are thinking one hundred years ahead,

make people aware.

-Anonymous Chinese poet: 500 BC

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CHAPTER ONE

DEFINING THE PROBLEM

Participatory action research (PAR) is gaining popularity as a research approach when working with marginalized populations. While there is a growing body of research and literature articulating the process of PAR and describing particular projects using the participatory approach, there are very little data regarding the factors and conditions that create, as well as maintain, a PAR-oriented initiative (Chataway, 1997; DePoy, Hartman & Haslett, 1999). As the title of this thesis indicates, this research has attempted to deconstruct the processes involved in implementing and maintaining a PAR-driven project, by uncovering how theoretical PAR tenets hold up in the reality of the project. In order to unveil the connections between theory and praxis, this research focused on the Community-based Immigrant Mental Health Project (CIMHEP), which addresses the mental health service needs of immigrants and refugees in a mid-size Western Canadian city. Emic data, meaning information and insights from the perspectives of the participants in the endeavor, were collected.

Canada is an immigrant-receiving country and for each of the past ten years, approximately 180,000 immigrants and refugees have made Canada their home (Citizenship and Immigration Canada, 1999). As new Canadians attempt to settle and integrate into their new country they face unique struggles (Berry, 1987; Cuellar, 2000; Desjarlais, Eisenberg, Good, & Kleinman, 1995). Since the 1960's, modifications to Canada's Immigration and Refugee Policy have changed the countries from which people are emigrating (Laroche, 2000). Prior to the 1960's, most of Canada's newcomers had been from European countries; after the 1960's, more than 75 percent of immigrants were from Asia, Africa, the Middle East, and Latin America (Beiser, Dion, Gotowiec, Hyman, & Vu, 1995;

Citizenship and Immigration Canada, 1999). This shift in migration pattern has implications for many government and health care providers, including mental health care professionals and the services they offer. When new Canadians try to access available services, they repeatedly face linguistic, ethnic, and cultural barriers that impede communication (Angel & Williams, 2000; Flaskerud, 1990). As a result, immigrants and refugees have lower utilization rates of mental health services than the general Canadian population (Cuellar, 2000; Flaskerud & Liu, 1991; Kirkmayer, Galbaud du Fort, Young, Weinfeld, & Lasry, 1996; Snowden, Hu, & Jerrell, 1995).

Participatory action research is a combination of community participation and research that acknowledges, and uses, the insights and abilities of community members to resolve issues that they have identified as salient (Rains & Wiles-Ray, 1995). Assumptions of the approach include the belief that PAR: (1) requires equal participation between researcher and participants (Fals-Borda, 1991; Wadsworth, 1998); (2) promotes people's ability to change their immediate social and political milieu in favorable ways (Wallerstein, 1992); (3) stimulates local or indigenous wisdom (Hatten, Knapp, & Salonga, 1997); and (4) aims to create positive social change (Rahman & Fals-Borda, 1991).

This research assessed the extent PAR assumptions fit with what actually happened in the CIMHEP, a PAR-oriented project aimed at improving mental health services for immigrants and refugees. The overarching goal of the CIMHEP is to develop resiliency among immigrants and refugees to cope with adaptational stress in a new environment. CIMHEP is guided by the principles of PAR. It is designed to combine the expertise of ethno-cultural communities and mainstream (or formal) Canadian health care institutions to bring about

sustainable community mental health promotion programs and activities. Staff and participants hope that CIMHEP will address the challenges faced by new Canadians by reducing barriers to health care services, and by increasing the existence and utilization of culturally relevant mental health services (CIMHEP: A proposal for action, 1999).

I became involved with CIMHEP in November 1999 because of my interest in the project and the possibility of doing a Master's thesis on the subject. From November 1999 to December 2001, I attended core group and steering committee meetings and took minutes from time to time. The topic of this research emerged from ongoing discussions with members of the core group and the steering committee. The actual data collection started in June 2001 and ended in October 2001. In order to assure continuity, meeting minutes from January 2000 until December 2001 were included in the data set. While data collection and analysis for this study are complete, CIMHEP continues to operate.

The purpose of the research was to examine the process of PAR in the CIMHEP project by determining and describing the factors and conditions that create, as well as maintain, a PAR-oriented initiative. The process of PAR was analyzed from the perspectives of the various stakeholders involved with CIMHEP. More specifically, the study was guided by the following three objectives.

1. To determine if and how the main tenets of PAR, participation, empowerment, attaining knowledge, and social change, were achieved in CIMHEP.

2. To examine what the crucial factors and conditions were for creating and maintaining PAR-oriented initiatives (using CIMHEP as a model and the literature as a guide).
3. To investigate if the particular factors and conditions required for creating and maintaining a PAR-oriented initiative were the same or different for the various stakeholders involved with CIMHEP.

The next chapter explores the literature relevant to this study. The third details the methods used to examine the process of PAR as it unfolded in the CIMHEP, and the ethical considerations for this study. The findings are presented in Chapter Four; and the final chapter explores the meaning of the findings and their connection to existing PAR and health promotion literature.

CHAPTER TWO

EXPLORING THE LITERATURE

In order to set the context for this research, literature from two distinct areas was reviewed. An overview of research and other writing on PAR is presented first, followed by a brief review of the literature on immigration and mental health. Included in the discussion about PAR literature is a summary of the principles, characteristics, and cycles of PAR-oriented projects. Because the focus of CIMHEP is aimed at helping immigrants and refugees, literature about Canadian immigration trends, the challenges faced by newcomers as they adjust to a new culture, the need for culturally appropriate health care services, and some strategies for achieving culturally responsive care is also reviewed. Lastly, the chapter presents information about the CIMHEP, its goals and objectives, the way that it is organized, and the people involved in the project.

PARTICIPATORY ACTION RESEARCH

Participatory action research is a social action process that focuses on individual and community capacity building and empowerment (Kemmis & McTaggart, 1990; Masters, 1995; McKernan, 1991). It combines community participation and research to acknowledge and use the insights and abilities of community members to resolve issues they have identified as salient (Rains & Wiles-Ray, 1995). Green et al. (1995) summarize PAR as a "systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting social change" (p. 4). Participatory action research aims to break down the distinction between the researcher and the researched through the participation of people-for-themselves in the attainment and creation of knowledge (Chataway, 1997; Wadsworth, 1998). A

common theme emerging from the literature is that PAR is a form of reflective inquiry that is conducted by individuals wanting to resolve social conditions and/or inequalities.

Participatory action research was developed as a method for involving disenfranchised people as researchers in pursuit of answers to questions associated with their daily struggles and survival. The approach encourages people to identify themselves as knowing actors, define their reality, shape their new identity, and transform their lives for themselves (DePoy et al., 1999; Sohng, 1995). Historically, people have questioned the condition of their lives and actively sought better ways of doing things for themselves and/or for the community to which they belong (Seymour-Rolls & Hughes, 1995). As a result, PAR principles have guided many civil rights movements, including environmental and women's movements, and anti-war activism (Hatten et al., 1997). The core feature of these liberation movements is the articulation of a collective reality (popular knowledge) that challenges dominant knowledge (Sohng, 1995).

Characteristics of Participatory Action Research

There are four main characteristics central to any PAR project. First, PAR projects tend to confront issues of social inequality and/or social injustice. Second, the project proceeds through a cyclical spiral of planning, acting, observing, and reflecting. The third characteristic of a PAR project is that individuals who are affected by a social problem are to be actively engaged in each stage of the project, from planning to implementation. According to Fals-Borda (1991), PAR philosophy creates changes within individuals, eventually

spiraling out to include others who may have an interest in the issue. Finally, PAR tends to use qualitative data collection methods such as: interviews, focus groups, journals, field and observation notes, and meeting minutes (Lindsey & McGuinness, 1998).

Principles of Participatory Action Research

Theoretical descriptions of PAR reveal four basic principles that PAR aims to achieve: participation, empowerment, attainment of knowledge, and social change. These principles, which set PAR apart from traditional research approaches, are described below.

Participation

The key principle that distinguishes PAR from other social science research is participation. Participation has been defined as a joint venture in which decision-making, planning, and responsibilities for the implementation of the project are shared among the participants (Meyer, 2000; Rains & Wiles-Ray, 1995). Participation has also been described as a personal journey; a continuous interaction between people and their environments (Ogilvie et al., 2000).

Participatory action research challenges practices that separate the researcher from the researched, and promotes the building of partnerships among researchers and the people affected by the issues being studied (Boutilier, Mason, & Rootman, 1997; Green et al., 1995; Lindsey, Shields, & Stajduhar, 1999). DePoy et al. (1999) strongly believe that "those who experience a phenomenon are the most qualified to investigate it" (p. 561). Participatory action research requires that researchers work with people in the community to help them

articulate their problems into something that can be remedied (Chataway, 1997; Seymour-Rolls & Hughes, 1995).

Theoretically, all participants involved should share responsibility for the project. As well, both researcher and participants should help create and maintain genuine and reciprocal relationships by being constructive, communal, and genuinely democratic (Fals-Borda, 1991; Rains & Wiles-Ray, 1995; Wadsworth, 1998). However, some scholars speculate that this reciprocal relationship may be difficult to achieve (Green et al., 1995). Sohng (1995) contends that researchers may have difficulty abandoning the role of expert, letting go of "professional" control, facilitating rather than leading, and refraining from consciously or unconsciously imposing their ideas on the participants. Establishing participatory relationships with people who have limited powers is difficult because attitudes and images of self and others can keep them implicitly submissive (Boutilier et al., 1997; Chataway, 1997; DePoy et al., 1999; Rahman, 1991). Masters (1995) maintains that participants, even when willing, may be uncomfortable confronting researchers about their assumptions of authority, leadership, and expertise.

To avoid tendencies to use top-down approaches, both researchers and participants must continually scrutinize their interactions and agendas (Lindsey & McGuinness, 1998; Masters, 1995). Green et al. (1995) suggest that PAR-oriented initiatives should emphasize participants' "unique strengths and shared responsibilities," which would enable both researchers and community members to "pool their strongest resources in a way that does not create an imbalance in responsibility and power" (p. 12). While the benefits of participation are frequently expressed in the literature, the constraints and strategies that

researchers and participants employ to overcome the challenges associated with the development of active partnerships are not as well articulated (Boutilier et al., 1997; Chataway, 1997). More documentation is needed about the experiences in developing reciprocal collaborative relationships, so that other researchers will not try something that was already shown to be ineffective.

Empowerment

Participatory action research is an approach that aims to promote people's ability to change their immediate social and political milieu in favorable ways (Rahman, 1991). Empowerment, a crucial aspect of the process, is defined as a "social action process that promotes participation of people, organizations, and communities towards the goal of increased community control, political efficacy, improved quality of life, and social justice" (Wallerstein, 1992, p. 198).

In theory, PAR promotes empowerment through community members' development of common knowledge and a critical awareness that they share similar concerns. The act of participating in a project may be viewed as empowering because it brings isolated people together around collective concerns, resulting in the creation or re-creation of a collective identity (Abrahams, 1996; Chataway, 1997; Seymour-Rolls & Hughes, 1995). Abrahams (1996) defines collective identity as "an identity endowed with a purpose and course of action in power relation struggles" (p. 769). Participatory action research also can assist in empowering participants by validating their experiences, and contextualizing what previously felt like an isolated individual problem (Sohng, 1995; Wadsworth, 1998). As Chataway (1997) explains, "PAR provides an opportunity for traditionally subordinated groups to speak in their own terms and to act independently" (p. 763).

According to Kar, Pascual, and Chickering (1999), empowerment transpires at the individual, the community, and the organizational levels. Empowerment at the personal level, what Freire has called critical consciousness, is an awareness of the reasons for the problem, and a belief in personal efficacy to deal with the problem (as cited in Rahman and Fals-Borda, 1991). Community-level empowerment occurs when a community strengthens its capacity to effect change by creating a support network through effective communication (raising awareness of an issue) and leadership development (teaching and learning new skills). Lastly, empowerment at the organizational level occurs when community agencies are equipped to promote and advocate for underserved individuals. In summary, Wilson (1996) states that empowerment happens from the inside out; in other words, "individual change is the building-block to community and societal change...individual change becomes a bridge to community solidarity and societal change" (p. 618).

Since PAR was first developed, it has gained stature and popularity in people-oriented research. As a result, some researchers interested in employing popular methodologies use the PAR approach without fully understanding and subscribing to its ideology (Drevdahl, 1995; Hagey, 1997). Consequently, the meaning and practice of PAR has become vague and ambiguous (Drevdahl, 1995; Lindsey & McGuinness, 1998). Numerous researchers claim their studies subscribe to the empowerment tenet of PAR, but a closer look reveals that measures of empowerment are missing from their studies (Guerrero, 1995; Masters, 1995).

Attaining Knowledge

A major assumption of PAR is that knowledge is related to power (Depoy et al., 1999; Lindsey & McGuinness, 1998). Therefore, unequal access to knowledge perpetuates unequal distribution of power and, frequently, maintains the status quo (Chataway, 1997). In theory, PAR improves unequal distributions of power by stimulating local or indigenous wisdom (Rahman & Fals-Borda, 1991). Knowledge that is gained through the process of PAR will contribute to solving community problems as they are perceived by the people experiencing the problems (Rains & Wiles-Ray, 1995). In PAR, this knowledge does not come from data analysis about other human beings but from discussions and exchanges of ideas among the participants involved in a project (Hatten et al., 1997). Wadsworth (1998) contends that new ideas enable individuals to contemplate change; new ideas are stimulated through attaining knowledge and having an opportunity to practice new skills.

According to Kemmis and McTaggart (1990), PAR views knowledge production as a dynamic process of "engagement, education, communication, action and reflection" (p. 27). Theoretically, PAR is a consciousness-raising process in which both researcher and participant are engaged in a mutually educative encounter (Depoy et al., 1999; Lindsey & McGuinness, 1998). Learning is reciprocal, as members are both learners and teachers at different points in the process. Each PAR initiative comprises a diversity of viewpoints that need to be given equal hearing. Therefore, PAR philosophy stipulates that community members and researchers go through a process of 'unlearning' assumptions and perceptions, before they can become receptive to learning about diverse belief systems (Berg, 2001; Pearson, 1999).

Social Change

Participatory action research is a non-traditional method of research, the aim of which is to create positive social change (Chataway, 1997; Guerrero, 1995; Seymour-Rolls & Hughes, 1995; Wilson, 1996). Participatory action research provides the means of offering research skills to disenfranchised and marginalized people so that they may define their reality, shape their new identity, and transform their lives for themselves (Berg, 2001; Masters, 1998; Sohng, 1995). DePoy et al. (1999) indicate that the potential for social change is limited only by the number of stakeholders; therefore a large number of stakeholders significantly increases a project's sphere of influence. Rahman and Fals-Borda (1991) believe that ideally PAR is an "open-ended process of life and work – a progressive evolution toward an overall, structural transformation of society and culture" (p. 29). Similarly, Pearson (1999) and Wadsworth (1998) emphasize that self-transformation is an integral component of social action and is a vital requirement for social change.

Literature reviews of studies indicate that most PAR initiatives do not result in social action (Chataway, 1997; Guerrero, 1995; Wilson, 1996). Some researchers have hypothesized that this is due to a lack of commitment from participants, as well as a lack of time on behalf of the researchers to move research findings into action (Lindsey & McGuinness, 1998; Palmu, 1999). Theoretically, PAR stipulates that personal change in participants is the prerequisite for societal change; in other words, social change cannot occur without personal change. However, there is a lack of research about how a project moves from individual change towards social change (Abrahams, 1996; Chataway, 1997).

Cycles of Participatory Action Research

Participatory action research occurs in four stages, namely reflecting, planning, acting, and observing (Berg, 2001; DePoy et al., 1999; Seymour-Rolls & Hughes, 1995). The moments in the PAR cycle are intertwined and interdependent, and often two moments occur simultaneously. Participatory action research is a dynamic process in which these four aspects are conceptualized as moments in a spiral (Kemmis & McTaggart, 1990; Masters, 1995; McKernan, 1991). Many authors have used an upwardly progressing spiral to symbolize PAR, depicting an advancement in learning from experiences, resulting in improvements in practice and understanding (Grundy & Kemmis, 1991; Hatten et al., 1997; Pearson, 1999).

Frequently PAR initiatives originate in the minds of individuals as imperfectly understood, yet felt concerns and a sincere desire to take action to alleviate social inequalities (Seymour-Rolls & Hughes, 1995; Wadsworth, 1998). A group of individuals, who are concerned about a problem, identifies through discussion and reflection, a salient issue. The group then decides to work together to further understand and address this issue (Kemmis & McTaggart, 1990; Masters, 1995).

Reflecting

The first stage in the PAR cycle is reflection. Reflecting in PAR is that moment when both researchers and participants examine, interpret, and construct, then evaluate and reconstruct their concerns (Berg, 2001; Hatten et al., 1997; Seymour-Rolls & Hughes, 1995). Through discussions among participants, reflecting shapes the contextual meaning of the social situation and provides the basis for a plan (Grundy & Kemmis, 1991). Pearson (1999) describes reflecting as

a continual conscious awareness of one's role in the process, and an examination of how perceptions and actions can influence the project. Reflecting allows for the questioning of underlying assumptions, encouragement of innovation, and generation of new ideas (Meyer, 2000).

A genuine PAR process changes shape and focus over time, as participants reflect on their understandings about what is happening and what is important to them (Berg, 2001; McKernan, 1991). Theoretically, during the reflecting stage, special attention should be given to the cultural implications of an initiative. Ideally, reflection on cultural implications will increase the likelihood that the initiative remains in tune with local traditional and religious values, and intra-community cultural differences (Chataway, 1997; Rahman, 1991). In some cases, however, local traditional and religious values may conflict with PAR tenets, such as participation and empowerment by some members of the community. Furthermore, there is limited research that examines the correlation between reflecting about the cultural implications of an initiative and the resulting maintenance of traditional values (Abrahams, 1996; Weaver, 1999). According to Chataway (1997), a conscious reflection about the implications of the sociopolitical environment, in which a PAR-oriented initiative is situated, is rarely discussed or analyzed by researchers. Furthermore, while Pareek (1990) indicates that culture influences how individuals perceive a particular issue or concern, discussions surrounding the effects of culture within PAR-oriented projects are missing from current research.

Planning

The next step in the cycle of PAR is planning. A general plan for ameliorating a social injustice is constructed from discussions among

participants (McKernan, 1991). A plan is needed to guide the actions of various stakeholders involved with a project. At the beginning of an initiative, this plan may be vague or ambiguous. As a PAR initiative progresses forward, a group will frequently modify or add to their action plan. The end result is an action plan that is focused and specific to the common concern(s) of participants (Grundy & Kemmis, 1991).

According to Fals-Borda (1991), PAR projects cannot be strictly planned, generalized or copied. Theoretically, there should be no fixed deadlines to allow for maximum fluidity. Each project exists in the present, encounters real social and material constraints, and proceeds according to its own cultural vision and political expectations until the proposed goals are reached (Berg, 2001; Pearson, 1999).

Acting

Researchers are aware of the inevitable effect of action or inaction and the subsequent potential for change that can result from a PAR-oriented initiative (Berg, 2001). Consequently, the action moment of the PAR cycle occurs when a plan is put into practice (Grundy and Kemmis, 1991; Wadsworth, 1998). Berg (2001) argues that without action, PAR would simply be a collaborative approach aimed at understanding an issue. Although the action moment of PAR is critical, limited research has been conducted examining the process participants are engaged in during the action stage (Buchanan, 1996; Drevdahl, 1995). Frequently, the focus of evaluations tends to be on outcomes of projects, or in other words, the results of the action or inaction (Courtney, Ballard, Fauver, Gariota, & Holland, 1996).

Observing

The final moment of the PAR spiral is observing; that is, being critically aware of the effects of PAR outcomes and of the PAR process. Observing has the function of documenting the effects of action and is known as the research component of the project (Grundy & Kemmis, 1991). Observations are critical in the PAR process because they provide the basis for further reflections (Berg, 2001). In a sense, observations are 'food for thought'. Without documenting the results of the actions, the PAR process ends because there is nothing further on which to build or from which to learn. Theoretically, if all participants are sharing responsibilities for the initiative, all participants should participate in the documentation of observations and reflections (Elliott, 1991).

IMMIGRATION AND MENTAL HEALTH

The focus of this study was the examination of the PAR process within CIMHEP. The CIMHEP aims to diminish the challenges faced by new Canadians by reducing barriers to access mental health services, and by increasing the existence and utilization of culturally relevant mental health services. It was therefore necessary to review literature that examines mainstream and culturally appropriate health care services currently available to newcomers, barriers faced by immigrants and refugees in accessing health care services, and subsequent utilization rates. Because CIMHEP employs cultural brokers as a way to increase the cultural responsiveness of mainstream health care services, literature about cultural brokers and their roles is also discussed.

The Migration Experience and Mental Health

Canada's population has become a mosaic of cultures, rich in traditions and experiences (Laroche, 2000). Immigrants and refugees face unique struggles as they attempt to settle and integrate into their new country. These struggles to integrate, commonly referred to as adaptational or acculturative stress, can have significant negative effects on the mental and emotional well-being of immigrants and refugees (Alberta Manpower Settlement Services, 1985; Berry, 1987).

Adaptational/acculturative stress is thought to contribute to anxiety, memory impairments, child and spousal abuse, behavioral problems in youth, addictions, and attempted suicide (Cuellar, 2000; Desjarlais et al., 1995; Edmonton Social Planning Council, 1994; Noh & Avison, 1996; Salgado de Snyder, Diaz-Perez, Maldonado, & Bautista, 1998). Poor mental health can also be attributed to a number of factors and conditions commonly experienced by individuals prior to and during their migration and upon arrival in their new country (Beiser et al., 1995). Pre-migration factors can include a pre-existing mental illness and an exposure to traumatic events (*e.g.*, war, natural disaster). Once individuals arrive in a new country, they can face a variety of hardships that include unemployment/under-employment, poor housing conditions, learning a new language, limited family and community support, and adjusting to a new social, economic, and political climate (Bagheri, 1992; Desjarlais et al., 1995). In other words, "it is not the stress of resettlement alone, but the context in which it occurs that determines the impact on mental health" (Beiser et al., 1995, p. 69).

Research evidence suggests that there is a strong correlation between the cultural changes that accompany migration and the rates of mental illness among immigrants and refugees (Angel & Williams, 2000; Bagheri, 1992). Due to the migration experience, immigrants and refugees may lose their natural support systems, making mental health services even more important (Musser-Granski & Carrillo, 1997). Cheung and Snowden (1990) state that "active outreach and cultural sensitivity are especially important in reaching the least acculturated and most isolated of minority groups, because the mental health needs of these individuals are the greatest" (p. 286). Research has indicated that immigrants and refugees have higher rates and more severe forms of mental illness, when compared to individuals born in the immigrant-receiving country (Cheung & Snowden, 1990). These findings have been attributed to a variety of causes ranging from personal to institutional barriers in accessing mental health services (Flaskerud, 1986).

Importance of Immigrant and Refugee Mental Health in Canada

As mentioned in Chapter One, Canada is an immigrant-receiving country, and for the past ten years, approximately 180,000 immigrants and refugees per year have made Canada their home. Since the 1960's modifications to Canada's Immigration and Refugee Policy have changed the countries from which people are emigrating (Laroche, 2000). Prior to the 1960's, most of Canada's newcomers were from European countries; after the 1960's, more than 75 percent of immigrants have been from Asia, Africa, the Middle East, and Latin America (Beiser et al., 1995; Citizenship and Immigration Canada, 1999).

There are key differences between individuals arriving from Europe and those from Asia, Africa, the Middle East, and Latin America. European immigrants and refugees are culturally and ethnically similar to their hosts, come from societies whose levels of development are similar to those in Canada, and they are more likely to be assisted by well-established kinfolk who know their language and can cushion their adjustment (Laroche, 2000). On the other hand, individuals from Asia, Africa, the Middle East, and Latin America are culturally and ethnically different from their Canadian hosts, come from less-developed countries, and often lack kin or other potential support groups in Canada (Cuellar, 2000). However, literature reveals that European immigrants and refugees also experienced a difficult transition period; these newcomers encountered linguistic and cultural barriers, experienced discrimination, and lacked support networks (Duivenvoorden, 2001; Ewanchuk, 2000; Palmer & Palmer, 1990).

Historically, Canada has relied on immigrants and refugees to sustain its demographic and economic growth. Newcomers are expected to bring skills, ideas, and capital into Canada that will contribute to the national good (Laroche, 2000). Overall well-being affects people's ability to work and to realize their personal, social, and economic potential (Epp, 1986; Lalonde, 1974; WHO, 1986). While most immigrants and refugees are able to fulfill these expectations, Beiser et al. (1995) suggest that those with untreated mental health problems will have greater difficulties realizing their personal potential. If the Canadian government is going to continue to depend on immigration for national growth, more attention needs to focus on helping newcomers adapt to their new society. One way to help new Canadians adapt to their new society is to provide

culturally relevant health care services (Zane, Sue, Castro, & George, 1982). Such services will increase the likelihood that immigrants and refugees will use and receive the services they need, which will subsequently enhance their overall health and well-being.

Utilization of Mental Health Services by Immigrants and Refugees

Not only are newcomers at risk of mental health problems, they may also face numerous personal and institutional barriers as they attempt to access mainstream mental health services (Musser-Granski & Carrillo, 1997; Weiss & Parish, 1989). When new Canadians try to access available services, they repeatedly face linguistic, ethnic, and cultural barriers that impede communication (Cuellar, 2000; Desjarlais et al., 1995; Flaskerud, 1990). Other personal barriers may include a lack of knowledge about the existence and types of mental health services (Hill, 1985; Stein, 1986), and economic difficulties (Kanu Dunn, 1987). A study conducted in Alberta revealed that 44 percent of newcomers did not know where to access mental health care services (Edmonton Social Planning Report, 1994).

Newcomers' culturally defined ways of seeking help, traditionally through extended family and community leaders, may mean that they are reluctant to use mainstream mental health facilities (Musser-Granski & Carrillo, 1997; Weiss & Parish, 1989). It also may mean that they have significantly different expectations about appropriate methods of treatment. For example, concepts of holism and spirituality are often missing from Western medicine (Angel & Williams, 2000; Musser-Granski & Carrillo, 1997; Young, Spitzer, & Pang, 1999). In some cultures the social stigma and familial shame associated

with mental illness can be another barrier to utilizing services (Hill, 1985). In other cultures mental illness is believed to be genetically inherited or the result of misdeeds either in previous lives or by parents and ancestors (Anderson, Waxler-Morrison, Richardson, Herbert, & Murphy, 1990).

Providing that immigrants and refugees can overcome the personal and cultural obstacles associated with mental illness, they then may face a variety of institutional and/or social barriers to accessing mental health services (Flaskerud, 1990; Snowden, Hu, & Jerrell, 1995). Western mental health professionals often have little understanding of the newcomers' beliefs, practices, culture, and perspectives regarding mental health, which may result in a misdiagnosis (Angel & Williams, 2000; Lewis-Fernandez & Kleinman, 1995). As well, immigrants and refugees may perceive mental health facilities to be hostile environments, designed for the dominant ethno-cultural groups (Bachrach, 1985; Stein, 1986). In addition, mainstream mental health services are frequently located outside of communities in which newcomers reside, creating potential transportation difficulties (Hill, 1985). Lack of attention by health care professionals to the social, cultural, and linguistic barriers faced by immigrants and refugees in accessing mental health services means that newcomers will remain marginalized from mainstream health services (Kirkmayer et al., 1996).

Research indicates that there are few, if any, formal services in place to provide new Canadians with culturally appropriate mental health care (Snowden, Collinge, & Runkle, 1982). Services that were once appropriate for European immigrants and refugees may not be as appropriate for newcomers from other areas of the world. Thus, it is not surprising that immigrants and refugees have significantly lower utilization rates of mental health services than

the general Canadian population (Cheung & Snowden, 1990; Flaskerud & Liu, 1991; Kirkmayer et al., 1996).

Culturally Appropriate Mental Health Services

One strategy to increase the utilization rates of mental health care services by immigrants and refugees may be to move toward a community-based approach that aims to integrate social and community support into mainstream services (Snowden, Hu, & Jerrell, 1995). Given the potential resource of traditional medicine as a means of fostering immigrants' and refugees' psychosocial adjustment, it is important to establish a more conceptually coherent framework for collaboration with traditional healers (Angel & Williams, 2000; Desjarlais et al., 1995). This requires reflection on what culturally appropriate health care services look like. Cultural sensitivity is defined as:

> The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each (Seattle King County Dept. of Public Health, 1994, p. 4).

Importance of Culturally Appropriate Care

Providing culturally relevant health care to immigrants is of grave importance. The interpretation of disease and illness (health belief systems, severity of disease, and treatment options) are bound to culture (Cuellar, 2000; Rivera & Wanderer, 1986; Salgado de Snyder et al., 1998; Trotter & Chavira, 1997). Many cultures view mental health as an integration and balance between

the physical, the spiritual, the social, and the moral. To discuss, and therefore, to treat mental health and illness as separate from physical well-being is in direct conflict with their belief system (Angel & Williams, 2000; Cuellar, 2000). Young et al. (as cited in Bhayana, 1991) use the term 'healthshock' to describe the interaction between biomedical beliefs and the immigrant's indigenous health belief system. Culture teaches an individual to interpret pain in ways that are meaningful to him/her as an individual and as a member of his/her ethnic group (Trotter & Chavira, 1997).

A serious concern arises when an illness that is 'classified' in one cultural setting is based on the diagnostic categories produced in another (Lewis-Fernandez & Kleinman, 1995; Zane et al., 1982). Finding a resemblance among symptoms across cultures does not guarantee that the same illness is being experienced (Anderson et al., 1990; Lewis-Fernandez & Kleinman, 1995). Current tools that are being used to diagnose mental disorders within mainstream health care systems are based on Western ideologies of mental health and illness (Angel & Williams, 2000). To date, attempts to culturally validate these diagnostic tools have failed. This has led to a consistent misdiagnosis of minority patients, and has resulted in racial bias in treatment recommendations. In short, mental health services must be culturally sensitive in order to treat patients successfully (Snowden, Hu, & Jerrell, 1995; Van Arsdale, 1988).

If health facilities incorporate a part of the patients' culture into their own, the institutions benefit by providing improved health care, expanding their clientele, and becoming an ethically sound institution (Kanu Dunn, 1987). Culturally sensitive services may enable immigrants and refugees to overcome

negative views of mainstream mental health care services, thus making services more accessible to otherwise reluctant clients (Van Arsdale, 1988).

Cultural Brokers

The integration of cultural brokers into the mainstream health care system is one specific strategy for creating a health care environment that is culturally responsive. Cultural brokering, which has a long history in the field of anthropology (Giblin, 1989; Jezewski, 1990; Jezewski, 1993), is defined as the act of "bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purposes of reducing conflict or producing change" (Jezewski, 1993, p. 80). Cultural brokers provide links between languages and cultures, subsequently increasing communication and understanding between two groups or individuals (Giblin, 1989; Musser-Granski & Carrillo, 1997, p. 54).

According to Zane et al. (1982), a "cultural broker is a clinically oriented social scientist from the particular culture being served, whose function would be to mediate between the clinical and community systems using his or her expertise based on the integration of social science and cultural perspectives" (p. 230). The role of cultural brokers is more than simply translating words from one language into another; subtle meanings and nuances are also translated (Giblin, 1989). Cultural brokers' specific roles include educating and disseminating information about health care services, advocating for patients, community organizing, and establishing a link between mainstream health care institutions and communities (Kanu Dunn, 1987; Musser-Granski & Carrillo, 1997). In a sense, cultural brokers traverse hierarchical boundaries in order to foster new relationships between professionals and clients. Specifically in health care settings, cultural brokers bridge gaps in cultural meaning and

understanding of health and health care services, and alert health care professionals to culturally inappropriate questions or treatment methods (Jezewski, 1993; Musser-Granski & Carrillo, 1997).

Research has shown that cultural brokers function most successfully when they are respected by everyone involved, understand a cultural community's health beliefs and barriers to mainstream health care services, and are able to introduce and translate ideas into a language understood by everyone (Flaskerud, 1990; Giblin, 1989; Jezewski, 1993). Musser-Granski and Carrillo (1997), as well as Giblin, believe that it is ideal for cultural brokers to share the same socioeconomic status and ethnic background as clients. On the other hand, Kanu Dunn (1987) states that with the right training and support, individuals outside a minority community can become effective cultural brokers, provided they possess the appropriate knowledge about the culture, have the necessary language skills, and demonstrate cultural sensitivity. Neither of these hypotheses has been studied extensively.

In an effort to help individuals from different cultural backgrounds integrate successfully into mainstream society in a mid-size Western Canadian city, a group of culturally diverse individuals, called multicultural health brokers, have founded a community-based agency called the Multi-cultural Health Brokers Co-op. These multicultural health brokers work with immigrants and refugees to help them attain optimum health through relevant health education, community development, advocacy, and support. As well, the multicultural health brokers facilitate immigrants' and refugees' access to health and social services.

CASE STUDY: The CIMHEP Project

Noticing the additional health care needs (especially mental health needs) of immigrant and refugee families, the multicultural health brokers, in conjunction with various non-profit agencies, developed an initiative called the Community-based Immigrant Mental Health Project (CIMHEP). The CIMHEP aims to "develop resiliency among immigrants and refugees to cope with adaptational stress in their new environment," and strives to fulfill this goal through three objectives, each aimed at a different organizational structure (Project overview CIMHEP, 1999, p. 5).

At the community level, the objective is to build capacities for positive health outcomes with community members controlling the issues and processes. For health care institutions, the objective is to develop institutional readiness to support community initiatives towards achieving mental health. The final objective is targeted to the intermediary or catalytic organizations and is to create an environment conducive to productive collaboration among key stakeholders in the mental health arena. A catalytic organization has been described as "any organization (*e.g.*, social development agencies, settlement agencies, community agencies, or multicultural associations) that assumes the organizational facilitator role in bringing all the players together, including itself, in harnessing available resources and support for CIMHEP" (Project overview, CIMHEP, 1999, p. 7).

The multicultural health brokers and representatives from a variety of non-profit agencies comprise the steering committee of the CIMHEP. The project began in January 2000 and will continue until the end of June 2003. The Provincial Government of Alberta's Health Initiative Fund is the main funding source for the CIMHEP. Prior to assuming an administrative role, the steering

committee designed the project or, in other words, a conceptual map of how the project would function. A PAR philosophy was selected to guide the development and implementation of the project, which necessitates that members from the five ethnic communities have control over the functioning and overall mission of the project (see Appendix A, for CIMHEP mission statement).

Individuals from five different ethno-cultural communities (the Chinese, Somali, South-Asian, Spanish-speaking, and Vietnamese communities) were invited to participate in the CIMHEP because of their prior working relationship with the multicultural health brokers and the community. Five to seven individuals from each ethno-cultural community accepted the invitation, and together they comprise the core group of the CIMHEP. The role of core group members is to connect their ethno-cultural communities to the CIMHEP and vice versa. More specifically, core group members express their respective communities' concerns to the CIMHEP, as well as ensuring that any CIMHEP programs, started within either mainstream health care facilities or the communities, are culturally responsive.

Due to the involvement of many different stakeholders in CIMHEP, the coordinators created a diagram to depict the interconnectedness among the core group, steering committee, catalytic organizations, mainstream health care institutions, the ethno-cultural communities, and evaluators (see Figure 1, Project composition and function). Although outside evaluators have been hired to monitor and record the learning and challenges experienced in this pilot project, CIMHEP members are actively engaged in the research component and are learning valuable research techniques. While CIMHEP has a research

component oriented to what is learned in the process of implementing the project, the focus of that research is on cultural learning and cultural evaluation.

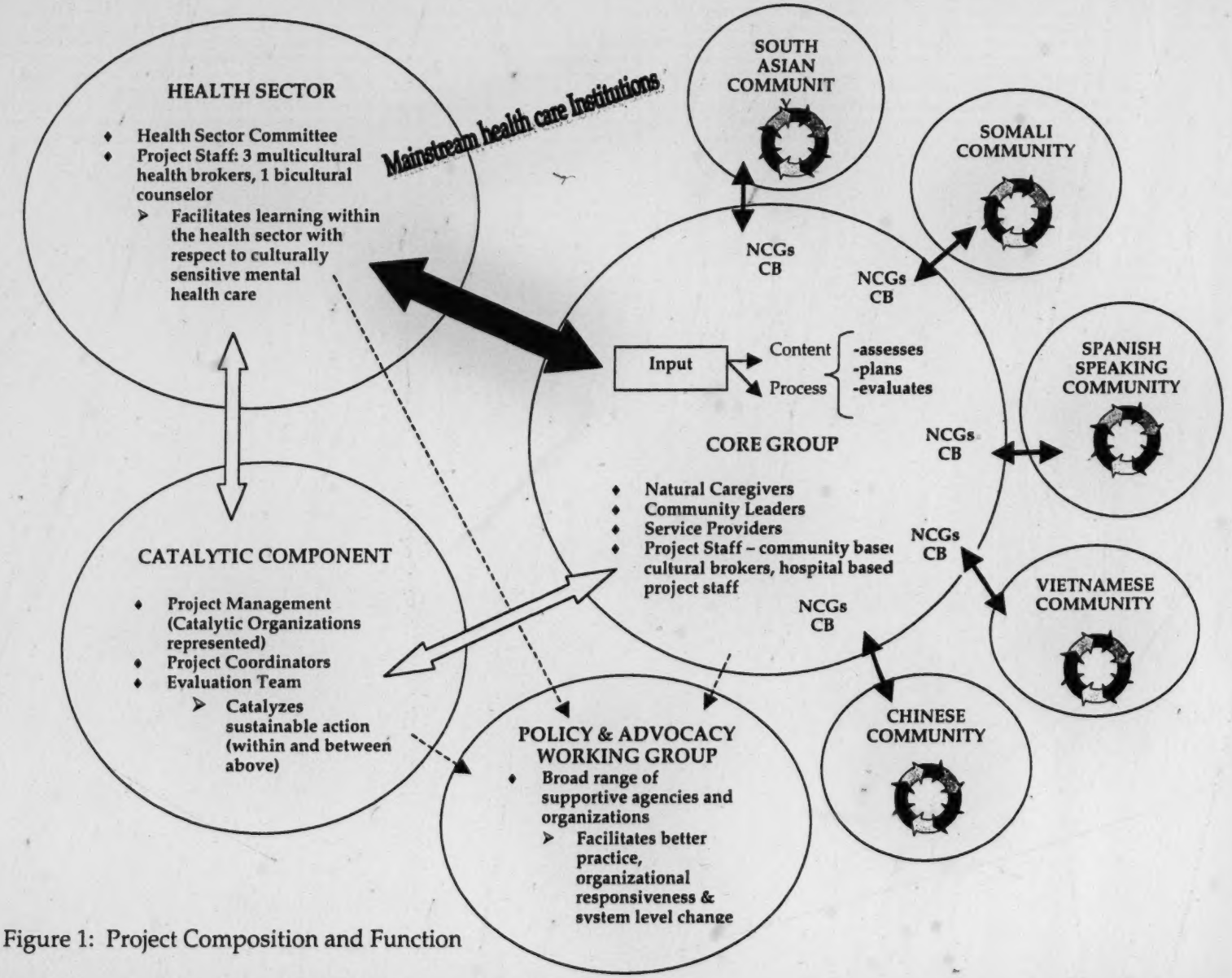


Figure 1: Project Composition and Function

REFLECTIONS ON THE LITERATURE

Over the last 20 years, a great deal has been written by scholars and community activists about the theory and practice of PAR, demonstrating an increasing awareness of the need for democratic research methodologies (DePoy et al., 1999; Meyer, 2000; Gaventa, 1991). For example, Lindsey and McGuinness (1998) and Rains and Wiles-Ray (1995) illustrate the value of community participation in the development of health promotion programs, whereas Hughes, Goolagong, Khavarpour and Russell (1994) and Chataway (1997) discuss similar approaches while working with Aboriginal communities in Australia and Canada, respectively. To cite another example, Guerrero (1995) describes the use of PAR in improving the quality of rehabilitation services for individuals with disabilities through research and education. A study conducted by Boutilier et al. (1997) reveals that PAR-oriented initiatives can be challenging because individuals must negotiate differences of opinion in order to collaborate. In order to provide an overview of Canadian applications of PAR in health promotion, Green et al. (1995) conducted a review of more than 400 studies employing PAR philosophy. Their analysis resulted in a set of guidelines that can be used by researchers, practitioners, and funding agencies to facilitate design, implementation, and evaluation of PAR projects within a health promotion setting. The guidelines were used in this study to determine if CIMHEP is rooted in PAR philosophy (see Appendix B, framework for analysis).

In spite of such literature, gaps in current knowledge surrounding the process of PAR-oriented projects remain. Some of these gaps include: (1) inconsistent use of nomenclature; (2) descriptive nature of reports; and (3) the limited number of empirical studies examining process-oriented PAR

interventions (Green et al., 1995; Lindsey & McGuinness, 1998). Also, there is limited research that has examined the "reflecting stage" of PAR and the potential correlation between cultural implications of an initiative and the maintenance of participants' traditional values (Abrahams, 1996; Weaver, 1999). Moreover, there is a need for research about the effects of the sociopolitical climate within which PAR projects are situated, the effects of culture on the process and outcomes of the project, and the interpretation of the issues by researchers (Chataway, 1997; Drevdahl, 1995; Pareek, 1990). Research in these areas would illuminate factors and conditions that maintain PAR-oriented initiatives.

Another stage of PAR that has been neglected by researchers is the action stage. Instead, studies have focused on evaluating the outcomes of projects (Courtney et al., 1996). In addition, the small number of published research articles most often describe PAR projects in the United States, and do not contain self examining measures to evaluate the process involved in creating and maintaining PAR projects (Baum, Sanderson, & Jolley, 1997; Milewa, 1997; Raphael et al., 1999). Giannotten and de Wit (1991) argue that too many studies are carried out in an effort to understand the weaknesses rather than focussing on the strengths of PAR projects. To quote Rahman (1991):

> There is a fundamental philosophical question as to whether the process of people mobilizing themselves, inquiring, deciding, and taking initiatives of their own to meet their 'felt-needs', is to be regarded as only a matter of the means of 'development' and not as an end in itself (p. 101).

In this study, I have attempted to address some of the gaps in the literature about PAR by focussing on factors and conditions that create and maintain a PAR-

oriented initiative. This study examined participants' perspectives about their involvement with a PAR-oriented initiative, the CIMHEP.

CHAPTER THREE

OPERATIONALIZING THE RESEARCH

As stated in the first chapter, the purpose of this research was to examine the process of PAR in CIMHEP by determining and describing the factors and conditions that create, as well as maintain, a PAR-oriented initiative. Qualitative research design, with data obtained primarily through focus groups and minutes of steering committee and core group meetings, was planned. Short open-ended questionnaires were used to assist in the development of guiding questions for focus groups interviews. To clarify, the objectives of the study were to: (1) determine if and how the main tenets of PAR (participation, empowerment, attaining knowledge/learning, and social change) were achieved in CIMHEP; (2) examine what crucial factors and conditions were needed for creating and maintaining PAR- oriented initiatives; and (3) investigate if the particular factors and conditions required for creating and maintaining a PAR-oriented initiative were the same or different for the various stakeholders involved with CIMHEP.

Qualitative methods are frequently used when little is known about a particular phenomenon, or when the aim of the study is to describe experiences from the participants' points of view (Morse & Field, 1995; Prosavac & Carey, 1997). Therefore, qualitative methods were selected for this study. Qualitative researchers assume that the experience of others expressed through their language, emotions, and actions can be analyzed and interpreted to give contextual meaning to those experiences (Morse & Field, 1995). Also, the evolving nature of a PAR project requires research approaches to be flexible in order to capture the details of the transformation within participating members (Fink, 1993). Flexibility in methods is necessary to allow the research to move in new directions in response to questions arising as data collection and analysis

progress (Meyer, 2000). While data collection for this research project is complete, CIMHEP continues to operate.

This chapter begins by briefly describing the overall composition of the CIMHEP, followed by a summary of the demographic composition of participants involved in this study. Next, discussion focuses on the various data collection methods that were used. The subsequent section discusses the data analysis methods, starting with an explanation of the cognitive processes involved, followed by detailed descriptions of the analytical procedure, including data preparation and data management. Procedures used to ensure validity of the research process, and ethical considerations are also articulated. The chapter concludes with an examination of the study's limitations, as well as reflections about personal challenges and lessons learned from this research endeavor.

SAMPLE

Participants in this study included people who had participated in the CIMHEP as members of either the steering committee or the five ethno-cultural communities. The steering committee consists of approximately fifteen representatives from various non-profit human service, health, and immigrant agencies. The ethno-cultural communities that are represented in CIMHEP's core-group include individuals from the Chinese, Somali, South-Asian, Spanish-speaking, and Vietnamese communities. Each of the ethno-cultural communities are in turn represented by approximately five to seven members. Two project coordinators are involved with both the steering committee and the core group

and are, in a sense, the link between these two groups. For this study, the project coordinators were considered to be part of the steering committee.

Demographic characteristics

All CIMHEP members were invited to participate in this study. At the time of this study, the total number of CIMHEP members was 40. Of the questionnaires that were distributed, 17 were returned (43% response). Five were from steering committee members and 12 from members of the five ethno-cultural communities. The total number of focus group participants was 18 (45% participation). Four members of the steering group, two members from the Chinese community, and three members from each of the remaining four ethno-cultural communities participated in the focus group interviews.

Participants were mostly female (three male participants responded to the questionnaire and four male participants were involved in the focus groups) and between 36-55 years old. Most of the participants were born outside of Canada and immigrated to Canada; however, some of the participants entered Canada as refugees. The majority of non-Canadian-born participants had resided in Canada for more than 15 years, although a few participants were newcomers, having lived in Canada less than five years. Almost all of the respondents indicated some religious affiliation. Furthermore, nearly all of the participants belonged to a non-profit organization (*e.g.*, health care institution or community agency), but only half were involved in other projects.

DATA COLLECTION METHODS

As mentioned earlier, various data collection methods were used to study the factors and conditions that create and maintain PAR-oriented initiatives. These methods included focus groups, data from steering committee and core group meeting minutes, and my personal reflective journal. In addition, questionnaires were used to guide the development of focus group interview questions. Following is a description of the methods used. The order in which they are discussed was the order in which they were used. Prior to beginning data collection, a short presentation was given at a core group and steering committee meeting to raise awareness of this study and to answer CIMHEP members' questions or alleviate concerns. Also, at a core group meeting held in June 2001, project coordinators verbally endorsed this research stating that it would provide CIMHEP with valuable knowledge about the strengths and weaknesses of the project.

Questionnaires

Before conducting the focus group interviews, a short open-ended questionnaire was distributed to all participants involved with CIMHEP (see Appendix C for the questionnaire). The purpose of the questionnaire was not to answer the objectives of this study directly; rather, the responses to the questionnaires was used for development of the focus group interview guide. Using a pre-focus group questionnaire, also known as extended focus group, can ensure that both minority and dominant views are included in focus group discussions (Berg, 2001). Another advantage of using questionnaires as a

springboard for more in-depth dialogue is time and cost effectiveness (Berg, 2001; Fink, 1993). The questionnaire contained questions that were generated from similar studies and from the objectives of this study (Lawrence, 1997; Lindsey & McGuinness, 1998; Ogilvie et al., 2000). Standard demographic questions were also included at the end of the questionnaire to gain an understanding of who was involved in this research. Questionnaires were distributed and collected in June and July 2001.

A total of 40 questionnaires were distributed. To ensure confidentiality, participants were requested to refrain from writing their names on the questionnaire. Initially, only 12 completed questionnaires were returned (30%). Due to this low response rate, the questionnaires (as well as the information letters, the invitation to join the focus group, and two pre-addressed stamped envelopes) were mailed to all CIMHEP members a second time. The project coordinators provided the CIMHEP mailing list (ethical implications will be discussed later). As a result, five more completed questionnaires were returned for a total of 17 (43% response).

The low response rate could be attributed to individuals not being comfortable expressing their views in writing, particularly considering CIMHEP participants are immigrants and refugees whose first language is not English. The CIMHEP members may speak English fluently but have some difficulty reading and writing, especially when the subject matter contains jargon with which they are not familiar. Also, if the participant's primary language is not English, the amount of time required to complete the questionnaire may have discouraged them from completing it. Another reason for the low response rate could be due to the sociopolitical milieu in CIMHEP members' countries of

origin; they might have been suspicious or cautious about the collection of written data.

Focus Groups

Morgan (2000) describes focus groups as a research tool that relies on group discussions to collect data on a topic determined by the researcher. Focus groups provide the researcher with an opportunity to assess the attitudes and values of participants, while at the same time observing interactions among participants (Berg, 2001; Morse & Field, 1995). Theoretically, focus groups should be composed of individuals who are relatively homogeneous, the aim being to encourage individuals to share their ideas, perceptions, and experiences (Morgan, 2000; Morse & Field, 1995). Thus, to encourage participants to share their experiences about being involved with the CIMHEP and their ideas about PAR, separate focus groups were conducted with each of the five ethno-cultural communities and the steering committee, for a total of six focus groups.

As mentioned earlier, participants for the focus groups were recruited through an invitation that was attached to each questionnaire. Participants who were interested in becoming involved were asked to fill in their name, their ethno-cultural community, and phone number on the invitation and return it in the pre-addressed stamped envelope provided (separate from the completed questionnaire). Participants were afforded a phone number, with voice mail, which they could call to confirm their interest, should they feel uncomfortable providing their phone number on the response form. This recruitment method resulted in only ten participants indicating interest (25% response). Four out of

the ten volunteers were members of the steering committee, leaving only six participants from the five ethno-cultural communities. As a result, two communities were not represented.

To ensure equal representation of ethno-cultural communities and to increase representation from each community, more participants were required in the focus groups. As well, Morgan (2000) states that, ideally, focus groups should be composed of six to ten participants to allow for a comprehensive discussion, thereby ensuring accuracy of the data, or in other words to ensure that all new ideas are brought forward. In addition, participants may differ from non-participants, and one cannot be certain that the participants represent the perspectives of all people who comprise the ethno-cultural groups. Even though small numbers of participants are not ideal, Berg (2001) suggests that using several focus groups within one study expands the range and scope of the data.

Due to the project coordinators' ongoing interactions with CIMHEP members, their advice about how to address low levels of interest in the focus groups was sought. The coordinators suggested that a personal phone call might be an effective method for inviting participation. A phone list was provided and each CIMHEP member was phoned and invited to participate in the focus groups (ethical implications will be discussed later). This method was only slightly more effective in recruiting participants. However, the additional participants were members from all five ethno-cultural communities, thereby ensuring that each community was represented.

Possible reasons for low participation rates in the focus groups include participants' lack of time or CIMHEP members may have considered the focus groups a low priority when compared to their other activities and

responsibilities. Perhaps some CIMHEP members do not feel comfortable conversing in English, especially because of the use of unfamiliar PAR terminology, or because of cultural differences in expressing opinions in public. Unfortunately, the existence of politics and personality conflicts within some of the communities may be yet another reason that some members did not participate in the focus groups. Finally, participants may be suspicious of any research or data collection, due to previous experiences in their country of origin.

According to Fink (1993) and Morgan (2000), it is important for the researcher to act as facilitator and to avoid asking leading questions to prevent the introduction of bias into the data. In order to follow these guidelines and to simplify the facilitation process, the focus groups were audiotaped and a guide was followed to ensure that relevant topics were discussed (see Appendix D for focus group interview guide). The discussion themes and questions were generated from a thematic analysis of the questionnaires, the objectives of the study, and from similar studies (Lawrence, 1997; Lindsey & McGuinness, 1998; Ogilvie et al., 2000). The focus group meetings generally lasted just under two hours and were conducted in community agencies, easily accessible by all participants. Focus groups were conducted during September and October 2001.

One advantage of doing focus groups is that it enhances group discussion by allowing participants to compare experiences and bounce ideas off of each other (Carey & Smith, 1994; Morgan, 2000). During the focus groups, this phenomenon was witnessed; participants would become excited as someone raised an interesting or controversial idea and added their own interpretation or opinion. Similarly, Berg states that:

> It is the very give-and-take interactions characteristic of focus group interviews that lead to spontaneous responses from session participants....Meanings and answers arising during focus group interviews are socially constructed rather than individually created (2001, p. 115).

According to Berg (2001) and McDonald (1993), focus group methods pose two disadvantages. One disadvantage is the potential of receiving a one-sided account of the topic due to one or two individuals dominating the conversation or being critical of other participants' opinions. The other disadvantage is that participants' personal accounts of their experiences may not be as comprehensive as in an individual interview. In this study, participants displayed respect for one another by refraining from interrupting each other, controlling the conversation, or being spiteful in their comments. Consequently, most of the time, participants were equally engaged in the discourse. Either other participants or I drew quieter participants into the dialogue.

Shortly after completing each focus group and prior to the next focus group, the tape was transcribed verbatim. This guaranteed that any new information would be 'up for discussion' during the next focus group (Ogilvie et al., 2000). Although Morgan (2000) cautions that verbatim transcription of focus groups may present a challenge as participants might interrupt each other or speak at the same time, this did not pose a problem because participants demonstrated mutual respect for each other and the focus groups were small.

Other Data Collection Methods

In addition to conducting focus group interviews, minutes from the steering committee and core group meetings and a reflective journal were also used as sources of data. According to Berg (2001), unobtrusive data collection methods (*e.g.*, meeting minutes, school reports, medical/financial records, organizational newsletters, memos) provide "access to aspects of social settings that are simply unreachable through other means" (p. 189).

Steering Committee and Core Group Meeting Minutes

It is important to record the initial steps and events of PAR-oriented projects, as these initial decisions establish the foundation required for future decision-making standards among different stakeholders and guide the direction of PAR initiatives (Lawrence, 1997; Ogilvie, 1993). Understanding CIMHEP's initial triumphs and challenges was especially important in this research, since the aim was to understand the process involved in creating, as well as maintaining, PAR-oriented initiatives.

One way to gain this insight was to review minutes from both the steering committee and the core group meetings held before and during this study. As mentioned previously, the CIMHEP officially started in January 2000 and will continue to operate until June 2003; however, my personal involvement with the CIMHEP was from November 1999 to December 2001. Therefore, meeting minutes from November 1999 to December 2001 (when data collection was completed) were included in the data set. Information gleaned from the meeting minutes provided the context for the study and aided in illuminating the steps that steering committee members have taken to ensure that the CIMHEP remains PAR-oriented and managed by ethno-cultural community members. In total, 14

steering committee meeting minutes and two core group meeting minutes were reviewed and analyzed.

A limitation of using this data was that the minutes were not very detailed with respect to the flow of discussion. Generally, minutes documented the final decisions, not how these decisions were attained or who made the decisions. What the steering committee minutes captured, in a limited way, was ongoing debate around project efficiency in achieving outcomes versus letting the process unfold, and around obligations to funding agencies versus obligations to the communities. However, most of the items in the steering committee minutes dealt with organizational and day-to-day administrative matters.

Core group meeting minutes differed from committee minutes in that core group meetings were generally longer and involved extensive interactive activities that were not recorded. Frequently at core group meetings, one representative from each ethno-cultural community was asked to provide a progress report about his/her community's achievements in attaining CIMHEP outcomes and to present feedback about what was and was not working for his/her community.

Reflective Journal

According to Peshkin (1988), it is important during qualitative research for the researcher to record thoughts and reflections in a journal to capture personal biases and reflections on what is emerging from the data. This process has been called reflexivity by Berg (2001), and implies that the researcher understands that he/she is part of the social world that is being investigated and that research is seldom, if ever, value-neutral. To ensure that reflexivity occurs, it is necessary for the researcher to have an "ongoing conversation with one's self" (Berg, p.

139). Reflexivity is achieved by continuously examining what the researcher knows and how the researcher came to know this.

Throughout the data collection and analysis process, I recorded my reflections and questions in a journal. In addition to reflecting on the progress of the study and contextual details, my reflections focused on my involvement in the project and the consequent implications on the study and its outcomes. I also recorded personal struggles and challenges. Generally, the journal was an ongoing script about the thesis process, and helped to illuminate personal biases and improve the quality of the research.

ANALYSIS OF DATA

There are various methods that can be used to analyze qualitative data, however, to examine what motivated participants to join and continue participating in CIMHEP, a thematic content analysis of the focus group data was done. First, the cognitive process involved in analyzing qualitative data is discussed below. Second, detailed descriptions of the analytical procedure (including data preparation and data management) for the questionnaires, focus groups, and meeting minutes is presented.

Theoretical Process of Analysis

Qualitative analysis has been described as an active process, such that emerges only when the researcher is fully immersed in the data (Berg, 2001; Morse & Field, 1995). Active questioning and continual rearrangement of ideas and theories are necessary for insight to occur. According to Morse and Field

(1995), there are four sequential cognitive processes involved in all qualitative methods: comprehending, synthesizing, theorizing, and re-contextualizing.

Comprehension of the data begins with coding (a method of preparing data for analysis) and is achieved when nothing new is uncovered in the data. Synthesizing is the process of data sifting, and is completed when the researcher can describe (as well as provide examples of) the sample, preliminary findings, and potential discrepancies, without referring to his/her notes. The third step in the cognitive process of data analysis is theorizing, and is described as the "process of constructing alternative explanations and holding these against the data until the best fit is obtained" (Morse & Field, 1995, p. 128). Morse and Field believe that the key to this process is theoretical sampling, in which participants are interviewed a second time to verify or dispute emerging hypotheses. The last step, re-contextualizing, involves the process of applying the newly conceptualized theory to other settings and populations. It is at this stage that the literature should be revisited (reviewing literature prior to this stage may 'contaminate' the analysis process), in order to link the new findings to established theories, thereby advancing knowledge.

Analytical Process for Questionnaires

Prior to the focus group, the questionnaire data were analyzed for similarities and differences between participants' experiences in being involved with the CIMHEP. As each questionnaire was received, it was assigned a letter (*e.g.* the first questionnaire was labeled A, the second B, and so forth) and participants' responses were entered into the computer. The assigned letter accompanied each response from that questionnaire, thereby ensuring that

responses could be tracked. The next step involved reading all the responses under one question, jotting themes in the margins and in the reflective journal before proceeding to the following question.

Then, I took a printed copy of the compiled responses and went through each question with different coloured pens (each colour representing a different, still tentative, theme) and highlighted sentences/phrases that matched the themes. Phrases that did not seem to fit with any themes were not highlighted. Headings were created according to the tentative themes; similar responses were then grouped together under those headings. Some of the themes were too precise and contained little in the way of substantiating responses. As a result, some themes were combined. From these themes and responses, I developed a set of focus group questions that would further explore some of the issues and ideas raised in the questionnaire responses.

Once the set of questions was created, reference was made to similar studies for comparison to ensure that all angles were covered. Finally, to adequately answer the study's objectives, the focus group questions were scrutinized in relation to the objectives. The summary of the themes, along with the questions for the focus groups, were given to my thesis co-supervisors, who corroborated the generated list of questions. The questions were compiled and organized into a guide that was used during the focus groups to facilitate discussion among participants and to standardize the questions between focus groups.

Analytical Process for Focus Groups

Towards the end of focus group data collection, it became apparent that, while I was asking about the four tenets of PAR, focus group discussions would inevitably return to the subject of participation. Participants expressed that without participation, PAR was not possible. Participation was seen as the gateway to PAR, with empowerment, knowledge attainment, and social action emerging from participation and motivating continued involvement. As a result, the focus of this research expanded slightly to study factors that promote and maintain participants' involvement in PAR-oriented initiatives. A decision was made to analyze the focus groups in terms of what motivated initial participation, what factors promoted and hindered continued participation, and recommendations for improving participation.

To understand what factors motivated initial and continued participation, focus group transcripts were analyzed for thematic content and reduced into manageable themes using the following steps. First, the typed transcripts were read and re-read, which allowed me to become fully immersed in and oriented with the data. The following questions (represented by different colours) were asked while reading each transcript: What makes them come? What makes them stay? What makes them feel good about staying? What are the frustrations? What would make a difference? Responses that answered a particular question were highlighted with the corresponding colour. Next, all responses were cut and pasted onto index cards for manual sorting into categories.

Once on index cards, similar coloured responses were sorted into groups. From these groups, a list of key ideas, words, and phrases that reflected the sentiments of the focus group participants were recorded. Formulating

categories from the list of key ideas and themes was the next step. Actual substantiating quotes were placed under each of these categories. Each focus group transcript was analyzed separately and later compared to the other focus group transcripts.

To ensure confidentiality and protect the anonymity of participants, numbers were assigned to all focus groups and each participant was assigned a letter (*e.g.*, the first focus group consisted of three participants, their designations became 1A, 1B, and 1C). These designations preceded all responses in the typed transcripts, ensuring that once responses were cut and pasted onto index cards determining the context remained possible by tracing it back to the original transcript. The lists containing participants' names and codes were kept separate from the transcripts in a locked filing cabinet. Any identifying factors were deleted or changed to generic terms (*e.g.*, immigrant serving agency, non-profit organization).

Analytical Process for Meeting Minutes

Initial findings from focus group data were supplemented by a thematic content analysis of steering committee and core group meeting minutes once initial analysis of focus group data was completed. This was done by cutting and pasting any discussions about PAR-related issues and tenets from the minutes into a word processing document, preceded by the identification number. Using different colour pens, parts of the minutes that dealt with PAR issues, such as who would hire the cultural brokers and how would funding be allocated, were highlighted. The highlighted PAR issues were then examined in relation to the

objectives of this study. Relevant quotes from the minutes are incorporated into the discussion of findings presented in Chapter Four.

As with the questionnaires and focus group transcripts, an identification system was created for the meeting minutes, with minutes from steering committee meetings being designated with an "A" and minutes from core group meetings designated with a "B." For example, a steering committee meeting held on January 20, 2000 was designated as A01.20.00; a core group meeting held on September 10, 2001 was designated as B09.10.01. Once again, to maintain confidentiality, CIMHEP members and participating non-profit agencies were not identified.

Putting it All Together

As stated previously, during focus group data collection it became apparent that, while I continued to ask about all four tenets of PAR, focus group discussions would inevitably return to the subject of participation. The themes from focus group transcripts revealed that without participation, PAR was not possible. Participation was seen as the gateway to PAR, with empowerment, knowledge attainment, and social action emerging from participation and motivating continued involvement. After several conversations with my co-supervisors, it was decided that the focus of this research should be expanded to study the factors that promote and maintain participants' involvement in this project.

This insight led to the consultation of existing PAR literature to determine if this trend was reported elsewhere and if other researchers' data would fit my emerging model. This model depicts the process of PAR as it

unfolded in CIMHEP and is presented in Chapter Five. Conversing with my co-supervisors and consulting the literature continued until the findings and cultural variability presented in Chapter Four were incorporated into the model. The CIMHEP's design and functioning were analyzed with reference to the guidelines developed by Green et al. (1995), prior to organizing and writing Chapters Four and Five. Based on the framework by Green et al. it is clear that CIMHEP is embedded in the PAR philosophy. A summary of the application of the Green et al. framework is presented in Chapter Five.

Morse and Field (1995) suggest that participants be interviewed a second time to verify or dispute hypotheses. I met with CIMHEP members on August 9, 2002 (a year following data collection), to share my findings, interpretations of the data, and the model of factors that stimulate participation, thus providing participants with an opportunity to reflect and comment on the conclusions. The participants' reflections are incorporated in Chapters Four and Five, and are referenced as "feedback-meeting." Also, data from the steering committee and core group meeting minutes substantiated the themes emanating from the focus group data, but would have been insufficient to generate the model of participation within a PAR-oriented initiative. For this study, analyzing meeting minutes alone would have been insufficient, as detailed discussions surrounding issues of participation rarely occurred.

RESEARCH STANDARDS

As qualitative research methods continue to gain popularity it is imperative that the caliber of the research is maintained. Research standards,

procedures, and guidelines for maintaining research integrity have been developed to assist researchers. Traditionally, research standards have focused on issues of reliability and validity (Berg, 2001; Field & Morse, 1995). Reliability is defined as "the measure of the extent to which random variations may have influenced stability and consistency of the results," whereas validity is defined as "the extent to which the research findings represent reality" (Field & Morse, 1995, p. 243). However, Howe and Eisenhart (1990) argue that for qualitative research these concepts should be replaced by internal and external value constraints. Internal value constraints refer to researcher bias, while external value constraints include fit, competence, credibility, and value constraints. Using the internal and external value constraints discussed by Howe and Eisenhart as the ideal for maintaining data integrity, this section will present how this study aspired to achieve these standards.

According to Howe and Eisenhart (1990), fit is achieved when procedures for data collection and analysis are compatible with and guided by the research objectives. As described previously, focus group questions were generated from participants' responses to the questionnaire questions, which in turn were compared to the research objectives. In the event that an objective was not addressed sufficiently, similar studies were consulted for potential questions. Thus in this study, fit was achieved between research objectives and the research methods employed.

Competence refers to the technical competence demonstrated in tool development, data collection techniques, and data analysis (Howe & Eisenhart, 1990). Literature was consulted on topics including how to conduct successful focus groups, how to avoid common facilitation mistakes, and how to create a

comprehensive focus group guide. Once data collection was complete, a similar literature review was conducted regarding appropriate data analysis techniques. In addition, my co-supervisors provided me with their advice based on their personal experience.

Credibility can be described as the judgement of whether the conclusions drawn in the research are justified. In order for emerging theories to be credible, comparisons should be made with pre-existing, objective knowledge (Howe & Eisenhart, 1990). However, other researchers caution that reviewing literature too early in the data analysis process may contaminate the findings, as one "searches" for evidence in the data to corroborate previous knowledge (Berg, 2001; Field & Morse, 1995). For this study, relevant literature was reviewed once initial themes began originating from the data. This prompted further questioning and in some cases validated insights. The use of more than one data collection method can also ensure credibility, as data from one method strengthens the data from another method (Berg, 2001; Locke, Spirduso, & Silverman, 1999). For example, in this research steering committee and core group meeting minutes helped to determine if issues raised during the focus groups coincided with issues already identified within the project. As well, questionnaire data used to develop focus group questions allowed more in-depth exploration of issues raised by individuals.

When compared to external value constraints, internal value constraints are difficult to monitor because of subjectivity. Qualitative research frequently has been criticized for its subjective nature. For example, during data collection the potential exists for researchers to see "evidence" and ask leading questions (Field & Morse, 1995; Locke et al., 1999). Subjectivity also can occur during data

analysis, when issues arise around deciding whether or not interpretations are acceptable, superficial, simplistic, unilateral, or misleading. Peshkin (1988) notes that subjectivity is inherent in all research investigations. To prevent the introduction of bias into the research findings, Peshkin argues that a researcher consciously should be aware of how subjectivity may be shaping the inquiry and its outcomes. As a safeguard, it is crucial for researchers to actively seek out potential biases during data collection and data analysis, and not retrospectively (Peshkin).

It was challenging at times, due to personal interest in CIMHEP, to remain objective and avoid introducing bias into the findings. As mentioned previously, I recorded my observations, insights, and reflections in a journal. This journal was reviewed regularly during data collection and analysis, consequently uncovering potential biases. Being consciously aware of biases effectively minimized their influence on the findings and conclusions. Prior to conducting the focus groups, I had preconceived ideas about what would motivate participants from different ethno-cultural communities, which I recorded in the reflective journal. Once the focus groups were completed, I reread my assumptions and realized that they were unfounded based on the findings that emerged. For example, I assumed that tangible and concrete benefits (*i.e.*, helping others, learning new skills and information) would be necessary for participation. Upon completing analysis, I realized that a perceived opportunity could hold as much inspiration for participating as a concrete benefit.

ETHICAL CONSIDERATIONS

According to Berg (2001), methods of data collection, organization, and analysis have become more sophisticated and intrusive, necessitating increased awareness in ethical considerations. Ethical considerations in research frequently revolve around issues of harm, consent, privacy, and confidentiality (Morse & Field, 1995). Although this section will briefly consider some of the methods used to ensure confidentiality, the discussion will concentrate on specific ethical dilemmas that arose during data collection in this study. This study was presented to the Health Ethics Review Board at the University of Alberta and Capital Health Authority on April 6, 2001. No data were collected until ethical clearance was granted on April 27, 2001.

For the questionnaire component of this study, participants indicated consent by completing and returning the questionnaire in a pre-addressed stamped envelope. It was emphasized that participants refrain from writing their names on the questionnaire. The questionnaires were distributed at the end of core group and steering committee meetings, and CIMHEP members were asked to complete the questionnaires in the comfort of their own homes. Attached to each questionnaire were instructional cover letters, explaining this study and the focus groups (see Appendix E and F for the information letters), an invitation to participate in the focus group, and two pre-addressed stamped envelopes.

Prior to conducting the focus groups, participants were given a copy of the information letters and two copies of the consent form (see Appendix G for the consent form). The consent forms were discussed in detail and potential participants were reminded that participation was voluntary and they could

withdraw at any time with no consequences to themselves or their involvement with CIMHEP. Participants wishing to take part signed both copies of the consent forms (one for their records and the other kept by me). The consent forms will be kept in a locked filing cabinet for five years, after which they will be destroyed, in accordance with University of Alberta guidelines.

Confidentiality is defined as an "active attempt to remove from the research records any elements that might indicate the subjects' identities" (Berg, 2001, p. 57). This can be done by giving each participant a code number and by deleting any reference to the research setting and location. Based on this recommendation, participants and ethno-cultural communities in this study were not identified. Similarly, community-based and mainstream agency names have been altered. Each focus group was assigned a number from one to six, and these numbers were used as identifiers in the text to track the diversity of focus groups from which the quotes used as exemplars were drawn. However, extreme caution was used to ensure that a quote could not be traced to a specific ethno-cultural community group. Due to this study's small sample size, a decision was made to remove all identifiers (even within quotes, when participants discussed their own or another community), to protect the identity of the participants and ethno-cultural communities. Although this decision may increase the difficulty in portraying cultural differences, protecting the identity of the participants took precedent.

The lists of names, addresses, and codes will be kept in a locked filing cabinet for seven years, after which time they will be destroyed (as per University of Alberta guidelines). A separate locked filing cabinet stores the transcripts and, in accordance with University of Alberta guidelines, transcripts

will also be kept for seven years. The tapes will be erased upon completion of this study. As well, for the duration of the study, my co-supervisors and I are the only people to have access to the data.

Morgan (2000) cautions that guaranteeing confidentiality among participants in a focus group setting may present a challenge, as participants may discuss with non-participants the content of the focus groups. Although the importance of respecting each other's privacy and keeping the information confidential was stressed prior to beginning each focus group, this could not be guaranteed. Because participants demonstrated respect for each other during the focus group, the concern raised by Morgan may be minimal for this study.

The nature of qualitative research is such that moral and ethical problems may arise that are usually not encountered in quantitative research (Field & Morse, 1995). Some of these ethical dilemmas have been attributed to the unstructured conversational tone of focus groups, which allows participants to feel comfortable, but also can lead to participants sharing more information than they intended. For instance, a participant may share information about others and personal experiences not related to the study. Another ethical dilemma is that, frequently, qualitative research samples comprise volunteers (Berg, 2001). This leads to a question about whether any meaningful data would be collected if all social research were to include only those persons whom eagerly volunteer to participate. There is no way of determining if eager volunteers are similar to those who do not participate in research. To ensure accurate data through broad representation of participants, volunteers may, in reality, be coerced or manipulated into participating, although it is the researcher's responsibility to minimize such possibilities.

During this study, I gained access to CIMHEP members' home address and phone numbers. Having access to this information compromised participant's privacy and safety, as information could potentially get into the wrong hands. CIMHEP members also may have felt coerced into participating because I was able to contact them at home. As mentioned elsewhere, I have been a member of this project for two years and firmly believe that access to this personal information would not have been granted if I had not developed a trusting relationship with CIMHEP members. In hindsight it would have been preferable for the calls to be initiated by the project coordinators soliciting permission from potential participants to give their contact information to me.

REFLECTIONS ON THE RESEARCH PROCESS

The chapter concludes with a section about personal challenges and lessons learned from this research endeavor. Specifically, the discussion focuses on which methods were successful and which methods should be changed when conducting similar studies. The strategy of using questionnaires to compile focus group discussion topics resulted in a comprehensive discussion around issues that participants had identified as salient. Also, completing a questionnaire provided the participants with anonymity, when revealing an opinion that may be perceived by others as too critical. For example, participants were hesitant at first to express that involvement with CIMHEP had affected them negatively. However, when I revealed that other participants already indicated some stress associated with their involvement in CIMHEP, more participants were willing to relate their experiences. In sum, the questionnaires ensured that sensitive, yet valuable information was learned, which would not

likely have been attained otherwise. Consequently, the conclusions that were drawn from this research were strengthened.

One strategy that might increase the response rate for questionnaires, especially when working with immigrant and refugee populations, would be to conduct a telephone survey. Participants with English as a second language may be more at ease talking about ideas, rather than responding to questions on paper. Also, telephone interviews may appear to participants as less formal and more personable than written questionnaires. However, one major disadvantage when conducting telephone surveys is the loss of anonymity. A reason for the low number of participants in the focus groups may have been due to the location of the invitation: at the end of the questionnaire. By virtue of this location, participants may have been under the impression that they needed to complete the questionnaire in order to participate in the focus group. The information letters should have clearly explained that completing the questionnaires was not a prerequisite for attending the focus group.

Low participation rates, in both the questionnaires and focus groups, could have jeopardized the quality of the data, as saturation of the data could have been compromised. Nevertheless, focus groups were transcribed entirely before the next meeting was conducted, which meant that any ideas from the previous meeting could be discussed at the following focus groups. As well, no new ideas, themes, or topics arose during the focus groups, indicating that saturation of data likely did occur. Limited participation rates also mean that comments regarding specific ethno-cultural groups are tentative and should be seen as suggestions of possible ethno-cultural differences and similarities, not generalizations.

Despite these safeguards, additional data collection may have been required to successfully determine if the particular factors and conditions required for creating and maintaining a PAR-oriented initiative were the same or different for the various stakeholders involved with CIMHEP. The data were taking me in directions not anticipated and not fully recognized until all the data were collected and preliminary analysis was done. However, the findings were presented to the steering committee and core group members on August 9, 2002, providing them with an opportunity to reflect and comment on the findings. While the invitation to join the presentation was sent to all CIMHEP members, only steering committee members were in attendance. Participants' comments strengthened conclusions and the model by reinforcing and supporting earlier data. New information and insights are incorporated in Chapters Four and Five. Nonetheless, findings regarding the cultural similarities and differences open avenues for further research, since ethno-cultural community group participation was limited.

Overall, this chapter presented in detail the methodologies (and their limitations) employed in this study. I present the findings from this research in Chapter Four. While some of the findings are linked to the existing literature, most are descriptive in nature. A more abstract interpretation of the findings, including implications, is provided in Chapter Five.

CHAPTER FOUR

SHARING THE FINDINGS

As stated earlier, the aim of the study was to examine the process of PAR in CIMHEP by determining and describing the factors and conditions that create, as well as maintain, a PAR-oriented initiative from the perspective of the various participants. Based on intensive review of focus group transcripts and minutes from steering committee and core group meetings, a decision was made to organize the findings with reference to factors motivating initial participation, sustaining continued participation, and recommendations for generating optimal participation. Where appropriate, findings are substantiated using the words of the participants. The source of each quotation is identified to highlight both differences and similarities among the five ethno-cultural groups and the steering committee. Unless stated otherwise, quotations are from focus group data. Each focus group was assigned a number from one to six, and these numbers are used as identifiers in the text to track the diversity of focus groups from which the quotes were drawn.

Differences among ethno-cultural communities must be interpreted cautiously, as focus groups were small. In many cases, differences suggest interesting possibilities for further exploration, rather than evidence of opposing views or needs across communities. While some connection to the literature is made in this chapter, the findings presented are largely descriptive in nature. A more abstract interpretation of the findings, including implications, is provided in Chapter Five. Also, to assist in differentiating between participants in this study versus participants in CIMHEP, CIMHEP participants will be referred to as "CIMHEP members" and participants in this study referred to as "participants." To clarify further, "community members" refers to individuals

who are part of an ethnic community or other community (*e.g.*, government employee, member of the Rotary club etc.), but who are not members of CIMHEP.

This chapter is divided into four sections. The first section focuses on factors that inspired and hindered initial participation. The second section considers the components participants deemed necessary for continued participation. Thirdly, focus group participants' recommendations for facilitating participation are described. Finally, key findings are summarized and presented at the end of the chapter.

THE MOTIVATION TO JOIN

This section discusses the various factors and incentives that motivated participants to join CIMHEP, and it examines, from the perspective of the various participants, the conditions that participants considered necessary for initial participation. Focus group participants indicated that the motivation to join CIMHEP included tangible rewards (*e.g.*, skills which could enhance present and future employment), personal interest in the CIMHEP's goals, and their desire for active involvement in shaping the community's future.

Tangible Rewards

One of the many challenges faced by immigrants and refugees in their new country is unemployment or underemployment (Beiser et. al, 1995; Cheung & Snowden, 1990; Noh & Avison, 1996; Ying, 1990). Consequently, for focus group participants, the potential for learning new skills was usually framed in terms of enhancing one's employment chances, either immediate, with CIMHEP,

or with other employers and agencies. Participants in all focus groups expressed a desire to gain knowledge and skills that would give them an edge when searching and applying for new jobs. However, one participant admitted that his/her motivation was to find employment, as projects or programs frequently have employment opportunities. Participants in two different focus groups argued that community members "came because they were hoping there would be a job opportunity for them... there was no job, so they left"(4). During the participant feedback meeting, part of the discussion focused on core group members' assumption that their involvement with CIMHEP would guarantee consideration for an available job within the project. However, when outside individuals were hired for various positions, some core group members terminated their involvement with the project. In order to prevent false expectations and hurt feelings, participants from the feedback meeting suggested that from the beginning it should have been clear that participation with CIMHEP does not guarantee a job.

Although a few participants believed that participation was linked directly to employment, one participant postulated that additional motivational factors could include a promise of money for their community, monetary compensation for their personal involvement, or an opportunity to influence the way mainstream health care services are currently being offered. Participants in three of the five ethno-cultural focus groups also addressed these additional motivational factors, indicating that benefits must be clearly articulated or obvious before community members will participate.

> They have to really see you know what they want, what they can get out of it, instantly or at the most three or five years. It is hard for them to imagine the future, because they live in the present. (6)

> The community members they don't want to participate, there should be a concrete thing in front of them, if there is a job attached, some kind of enumeration or award, or something at the end. (1)

Actualizing One's Culture

Participating in projects that focus on social justice issues is an integral part of some cultures, as individuals fulfill cultural traditions and values (Lykes, 1997). Participants in one community focus group reflected on 'cultural duties' and their influence in motivating their participation. Being involved in PAR processes, aimed at eliminating social injustices, was familiar to these participants.

> In there we have our culture, our values, our passions, our motivation, our needs. But in Canada it is different. We come from those countries, we are more socially oriented, I believe, than those who are born here. We have a long history of PAR. That is why we are here! (4)

A participant in the steering committee focus group speculated that the motivation to join CIMHEP could simply be due to an individual's personality. He/she described participants as "passionate" and "committed" to the goals of the project and people who demonstrate genuine concern for their communities.

Making a Difference

Participants from the steering committee and two ethno-cultural communities indicated that the inspiration to participate in the CIMHEP was associated with the opportunity to make a difference. These inspirations were described in terms of sharing resources, helping immigrants and refugees regain control over their lives, and gaining a voice for the community. Frequently marginalized populations are not given a voice or an opportunity to provide input (San Suu Kyi, 1995). Therefore, being involved in a project that provides participants a chance to express the concerns about their communities was considered an important motivational factor for joining the CIMHEP.

> I got interested in the program because I see the opportunity to share, to help the communities to understand and to be empowered on mental health issues. I could learn from the needs of other people and I could share the resources from our immigrant services agency. (4)

> So the whole concept I thought was to alleviate the problems of the immigrant, so that they do not arrive in a situation that they cannot control anymore. (2)

PROS AND CONS OF CONTINUED PARTICIPATION

This segment of the chapter presents findings about the various factors that participants deemed necessary for continued participation in CIMHEP. Based on focus group participants' responses, the data have been separated into two broad categories: project design, which includes features that promote and

jeopardize participation, and creating opportunities for learning and for social change.

Project Design: Features that Promote Participation

According to the focus group participants, design characteristics of CIMHEP that enhanced and promoted participation included using a democratic process, involving communities from the beginning, and establishing a learning milieu.

Using a Democratic Process

According to Chrisman, Strickland, Powell, Squeochs, and Yallup (1999), PAR-oriented projects are often cited as democratic methods for performing research. Projects that embrace democratic processes actively engage community members in all aspects of the initiative and are based on equality, respect, and openness among participants (DePoy et al., 1999; San Suu Kyi, 1995). According to Stewart et al. (1999), the notion of respect is especially important for communities that are frequently overlooked and marginalized. Respect, in this context, refers to the "regard, consideration, and deference shown to individuals" (p. 320).

Different aspects of the democratic process, used by CIMHEP, were highlighted as vital for participants' continued involvement. Notably, being treated respectfully by other CIMHEP members was discussed extensively in all ethno-cultural community focus groups. Pareek (1990) maintains that "creativity is not possible without a plurality of approaches, a diversity of viewpoints, and freedom to think and express oneself without fear" (p. 128). Participants expressed that the steering committee's recognition of their cultural differences,

and respect for their distinct ways of working, warranted lasting involvement. The CIMHEP is designed in a manner that allows each community to work at a pace and in a way that is culturally relevant for members; letting each community design activities according to their needs and cultural differences. Participants unanimously agreed that confining communities to one mode of operation would result in an unsuccessful project, in terms of achieving goals and longevity.

> We know we will see some change at the end. This project provides flexibility for the committee people to do anything they think is important and valuable in their community. That flexibility lets people feel they are important and that their input can make a difference. (6)

> One of the reasons that people are excited about the project is that each community can tailor-make their own project. They can mold this project and make it something that fits their own community's needs and that is something really new. That is something we have never had before. (2)

According to Jezewski (1993), Kanu Dunn (1987), and Pareek (1990), the term culture should not be restricted to the values, traditions and national origin of an ethnic group, but expanded to include institutions and professions, as these also can possess a distinct culture. CIMHEP's elasticity allows for community and hospital cultural brokers to work according to the parameters of their environments, thereby contributing to the atmosphere of respect.

> The cultural brokers of the hospital and the cultural brokers from the community have a different ways of working and the steering committee respects our way of work. (4)

Participants in two other focus groups described the democratic process in terms of openness and sincerity. The establishment of trust among fellow members in the project provided them with an avenue to express their opinions without fear of being judged or ridiculed.

> Having courage and confidence and making your view known without feeling that maybe you are not right or being worried fearful. You have to be allowed to be human and you have to be allowed to make mistakes and have your own little wounded-ness or broken-ness that pops up every once in a while. You have to be allowed to make mistakes, to be who you are even if you have some rough edges. (1)

> I think sincerity and openness will contribute something to the participation process. There should be an open-ness and sincere-ness, that allows every person to put forward what he thinks and what he believes. And every person and every group tries not to harm the other person but listens to his ideas and what he believes. Valuing each other's opinions and contribution in terms of ideas is also important in participation. (2)

Involving Communities from the Beginning

Chataway (1997) states that, theoretically, PAR initiatives should include those individuals who are the focus of the research. From the outset, ethno-cultural community members helped to design the CIMHEP's objectives and goals, and are currently responsible for providing key support in the implementation of appropriate community activities. Participants, in all ethno-cultural community focus groups, valued the early invitation to participate in CIMHEP and considered broad community representation to be one of the project's strengths.

> Especially at the beginning of the project that people from the community are involved. Especially people not coming from the high administration but there are front-line people and people who are involved with the community. Then we can get a much clearer idea as to what the people really need from each community. (5)

> But in terms of this project, from the beginning they [steering committee] asked the communities what the communities think they need help with instead of coming with the answers to the community. They asked the community what the solutions are, what the answers are to their questions. I think that is good. (2)

Evidence from steering committee meeting minutes substantiate focus group data by revealing that steering committee members incorporated suggestions and recommendations made by core group members into the

functioning of CIMHEP. Community members' advice was sought by the steering committee on a number of occasions and was considered valuable. For example, "some members of the steering committee were approached by members from one ethno-cultural community about the need for a program to address youth issues relating to mental health" (A06.12.00 minutes). It is evident from subsequent core group meeting minutes that this issue was raised and discussed with the other ethno-cultural groups. Two other examples from steering committee minutes uncovered the value placed on core group members' knowledge: "advice from community members should be sought prior to interviews [cultural broker candidates] regarding appropriate issues to explore, questions to ask" (A11.06.00 minutes), and "the structure of the advisory committee will be put before the core group and they will decide" (A09.05.00 minutes).

Establishing a Learning Milieu

The process of reciprocal learning, or two-way learning, provides an opportunity for participants to learn new ways of attaining and interpreting knowledge, and demonstrates the value of indigenous knowledge (Lindsey & McGuinness, 1998). Unanimously, participants indicated that creating an environment conducive to learning was an integral component of the CIMHEP's design that motivated continued participation. The flexibility of CIMHEP's time line (*e.g.*, not having strict funding agency deadlines) was believed to contribute to the learning milieu, as there was sufficient time to learn from each activity and to try different approaches.

> The management team is open-minded, there is an opportunity for staff (cultural brokers) and community to provide feedback or suggestions. I think it is two-way learning and that is very valuable and good. (5)

> I like the fact that we have lots of learning events. It is something that will be with us and we can use it the rest of our lives. Every experience is a learning one and that we learn from mistakes and we try to fix them. The process is where the emphasis is placed on. I really like that. (2)

> It is also the time frame, that we have time to make mistakes. We don't have to be perfect. We've got time to learn what needs to be done. That allows people a sense of hopefulness, even the luxury of feeling hopefulness as opposed to just madly doing things without thinking about the future and what might come next. (1)

The importance of creating a learning environment was reflected in numerous steering committee meeting minutes. Meeting minutes revealed that steering committee members were consciously committed to documenting the learning that occurred in CIMHEP. According to the minutes, creating a learning environment was deliberate and required rigorous monitoring. For instance, the steering committee organized an event called "Celebration of Learning," in which CIMHEP members shared their perspectives about mental health and what they had learned from each other with funding agencies and mainstream health care professionals (A02.16.01 minutes). Not only does this demonstrate that maintaining a learning environment was crucial for steering committee

members, but more importantly it confirmed respect for indigenous ethno-cultural knowledge.

Project Design: Features that Jeopardize Participation

Although CIMHEP members have attempted to create a democratic and participatory process, participants mentioned a few areas where the project's design could be strengthened. Responses were framed in terms of barriers to participation and included communication difficulties, lack of connections, and insufficient resources.

Communication Difficulties

The primary obstacle for continued participation, as articulated by the focus group participants, was the existence of communication barriers. Participants in four ethno-cultural groups expressed difficulties in communicating with each other and understanding the project goals. Two major contributors to these communication hurdles were first, the lack of clear descriptions of roles and responsibilities for CIMHEP members, and second, ill-defined goals of the project.

> Do I know the whole story? What's my role here and do I really understand everything about the project? (2)

> What is the real focus of the project, what is the project trying to achieve? Is the project trying to do everything from health promotion to providing services? None of these things has been discussed in a realistic manner.

> And this is what has been the problem from the beginning, which is why there are no concrete outcomes. (3)

Both obstacles contributed to misunderstandings and unrealistic expectations among CIMHEP members. Schmieg and Climko (1998) state that understanding and addressing an individual's expectations are effective strategies for guaranteeing continuity in participation. Attainable and realistic goals are achieved only by clearly defining the objectives of the project to all participants. Therefore, communication difficulties can lead to misunderstandings about project goals and cause the development of unrealistic expectations by the participants. Together misunderstandings and unrealistic expectations hinder the long-term success of the project, as participants give up in confusion or frustration.

Also, problems associated with a lack of communication can manifest themselves at various stages of the project, for example in defining participants' responsibilities. One focus group participant postulated that poor community participation might be attributed to an unclear understanding of who is responsible for recruiting new members. In this case, the cultural broker may feel that recruiting new members is the responsibility of the core group (to use their connections within the community) and the core group members may place that responsibility on the cultural broker, because they were hired by the project. To clarify, cultural brokers are community members who have been hired by CIMHEP to assist in achieving the project's outcomes.

> Sometimes they [cultural brokers] don't have a clear role. It is a weakness in the project that we don't have good communication or a good understanding of the roles of the participants. When I don't know that, I see a problem. (4)

Just as unclear roles can lead to misunderstandings between cultural brokers and their community, misunderstandings can also occur between cultural brokers and the mainstream health care institutions in which they work. Jezewski (1993) argues that the cultural broker role must be legitimized and recognized, as any ambiguity about cultural brokers' roles and qualifications can cause misunderstandings and conflict over professional territory.

> The reality is that people from the outside [mainstream organizations] are not going to listen to us if they do not think that we have the qualifications. Are people going to hear us because I don't have a Dr. in front of my name? I think that is something that should have been considered at the beginning. (2)

According to participants, the success of CIMHEP is dependent on resolving these communication problems and defining everyone's roles in the project.

Lack of Connections

According to Schmieg and Climko (1998), in order to secure longevity for a project, building relationships is a necessity. A breakdown in communication can result in a failure to build relationships and connections among individuals,

agencies, or community groups. Participants from one ethno-cultural community focus group attributed the lack of connections directly to members not understanding their role within the structure of the project, or to members lacking relationship-building skills.

> For example, there is someone from the community who has a lot to offer, but the cultural broker from that community hasn't motivated him enough to make him come to the community group. Then we are losing his potential because he could be contributing more because he is a really active person in the community, he has lots of connections. His expertise and connections could be utilized to be in touch with the community and we are losing that potential. I think most of the cultural brokers lack these connections. (4)

> ...They have just come out of a war, trauma, refugee situation and there is still a lot of semi-political issues within the community, so mobilizing people will just take longer. (1)

Numerous steering committee meeting minutes revealed that steering committee members were aware that a clearer depiction of cultural broker and core group member roles would alleviate much of the discomfort experienced by the cultural brokers. The minutes from one meeting concluded that "we need terms of reference to facilitate function and roles, and focus on what these roles should encompass based on the needs of the communities; we need to be as clear as possible, as there are a lot of assumptions involved in the process that need to

be clarified" (A07.17.00 minutes). Two other sets of minutes stated, "the whole process shows the need to value and affirm the role of core group members...there is also some learning around the risk of relinquishing responsibilities to others that may need to be considered" (A02.16.01 minutes), and "core group numbers have been substantially down; some discussion of factors contributing to this: a lack of clarity amongst core group members as to their ongoing role" (A03.16.01 minutes).

Creating linkages to address concerns of CIMHEP members about the lack of connections would yield dual benefits. By utilizing existing resources the CIMHEP could increase its efficiency and by raising awareness of the challenges faced by immigrants and refugees to the mainstream society, the project ensures sustainability. As mentioned previously, one of the CIMHEP's goals is advocating for a change in current health care policies to incorporate culturally sensitive health care with a specific focus on mental health care services. Participants from one ethno-cultural community focus group indicated that a lack of connections might be the result of cultural brokers failing to connect with existing community groups. As well, the project as a whole was neglecting to form linkages with existing immigrant serving agencies. These community groups and agencies already operate with minimal funding, are relatively well established, and have broad community support and representation.

> We were planning to have a meeting with the different organizations already existing in the community. But more than 8 months have passed and we haven't done much. Because we haven't had the time and the person who is the broker has been involved in many other issues and

> meetings. The time that he has available has not been realistic to do all the things that we need to do. It takes resources. It is a process. It is not something you do overnight. (4)

Unanimously, participants in all six focus groups emphasized the importance of increasing the immigrant communities' awareness of CIMHEP's objectives to ensure long-term survival of the project. They agreed that all immigrant communities, whether currently participating or not, should be made aware of the CIMHEP objectives and encouraged to participate in these activities.

> In the long term, how can there be a positive outcome without the community, the people who are affected or are going to benefit. Putting information in the community and asking them for support to work together, if that is not the case there isn't going to be a positive outcome. The community at large is not aware of this, and because they are not aware it is going to go away after it is finished. If we don't have the community we won't have a Martin Luther King or Paulo Freire here. (4)

Insufficient Resources

Participants from all focus groups speculated that limited resources could hinder community members', and in some cases their own, participation in CIMHEP. These limited resources were articulated as either time and/or money, and were not considered mutually exclusive. For example, participants described the difficulty of balancing their careers and families with community

work. As well, working more than one job in order to make ends meet means there is a shortage of time to volunteer.

Scarcity of resources affects not only participants' involvement; it also has deleterious effects on CIMHEP's proposed outcomes. The CIMHEP's restricted resources will affect its success by limiting the number of hours that cultural brokers are available to (re-)establish partnerships. Due to finite resources, CIMHEP is not able to hire the cultural brokers for additional hours. The workload often required more time than was allotted, which resulted in either unfinished tasks, or overwhelmed cultural brokers. Steering committee minute meetings reveal discussions around the need to balance flexibility of the project and working within the given resources (A03.16.01 minutes) because "we [steering committee] do have administrative accountability" (A06.12.00 minutes) and "our creative reallocation of resources is very likely to be troubling to some of our funders. We need to be careful and manage our relationships with our funders appropriately" (A12.21.01 minutes). According to participants in one ethno-cultural community focus group, the role of the cultural brokers was to build connections with existing groups in the community, as well as with individual community members. Consequently, their lack of time directly affects the quality and quantity of these connections, and therefore, the success of the project.

> The cultural broker's working hours are very limited in order to get more participation and to become more involved with the different groups who exist in the community. Hiring someone for only 18 hours a week that limits what a person can do. (4)

Participants from two ethno-cultural community focus groups speculated that their communities' low participation rates might be due to community members struggling with daily survival. According to these participants, members from their communities frequently work more than two jobs in order to pay their bills. After work these individuals often care for elderly relatives; in addition to their children. One focus group participant indicated that participating in a project, which requires precious time, might not be feasible even if they desire to do otherwise.

> Some communities are more established financially in terms of education, integration, they are just really a lot further ahead than us. And the reality is that most people in our community are struggling still and they feel, whether it is a reality or not or perceived, that they don't have the time to volunteer. (2)

> If you talk about low, high, or middle income everyone still struggles with income, with daily survival. It is especially difficult for low income individuals to come to the meeting or present their ideas, because their mind still wanders 'I have to pick up my children at 6 o'clock otherwise they charge more money in there'. So the daily survival is difficult for them. (6)

> When people are really into survival mode they don't care too much about the preventative, for example in one community it has been hard to mobilize people and get volunteers or people willing to come out. But the little that I know from talking to the community is that the people are very much in the 2-3 jobs. To squeeze that in as a priority is really quite difficult. (1)

On the other hand, participants in the other three ethno-cultural community and steering committee focus groups believed that financial stability does not guarantee participation. They explained that even though their fellow community members may not be struggling with daily survival, their commitments to careers, families, school, and/or other projects impeded continued participation.

> Also the people who are participating in the community action group [CIMHEP members] we are very busy because we are also employed and we don't really have time to volunteer to do more (4)

> Community members who are affluent they don't care, they do not need the services or they have no passion for the people who need it. (1)

Participants from two ethno-cultural community focus groups portrayed competition, among community groups, for limited resources as another potential barrier to participation. This may become a real barrier because the CIMHEP is providing $4000 to each of the five ethno-cultural communities, in

order to create activities or programs focusing on mental health issues. Instead of creating unity within communities, this money was viewed by participants to be divisive. The communities most susceptible to friction are those that comprise members from more than one country, but have been grouped together by CIMHEP based on a common language.

> One limitation is a big competition for limited resources. Our community [as defined by the steering committee] does not exist, it is a different community because we are from different countries, different cultures. We don't know how we can use $4000 with so many people. We don't know how to do that and that is a limitation. We say it won't be a source of union, on the contrary, because they say why you give this money to this group and not the other group. (4)

> When the money comes, they [community members] don't want to be discussing about how to use the money. That is when, it will probably not be a problem, but it can cause conflict. (6)

Overall, these examples provided by participants illustrate how finite resources, most importantly money and time, affected their continued participation and could potentially create rifts within their community. To prevent intra-community hostility and promote participation, it is imperative that CIMHEP address these concerns by using the resources that exist within and outside immigrant communities (*e.g.*, community sports groups, religious groups, mainstream human service agencies).

Creating Opportunities

For participants, the opportunities to learn and to effect change were emphasized as key reasons for continued involvement with the CIMHEP. Opportunities for learning included a desire to discover personal strengths and weaknesses and a willingness to understand other cultures and traditions, as well as Western ideologies surrounding the concepts of mental wellness/illness. Opportunities to bring about change ranged from being concerned with the immediate needs of community members, by providing help to an individual in need and by providing resources, to the long-term goal of CIMHEP, which is to create a mental health care system more culturally sensitive to new Canadians. It is interesting to note that these factors are similar to what originally drew CIMHEP members into the project: making a difference and actualizing one's culture. Most importantly, all participants indicated that CIMHEP provided concrete evidence that more can be accomplished by working together rather than by working in isolation.

For Identifying Personal Strengths and Weaknesses

Participants in all focus groups revealed that their involvement with CIMHEP has given them an opportunity to learn about themselves. "What I have learned most from this project are the things that I have learned about myself. I have learned definitely some of my limits and some of my abilities"(2). Consequently, participants reported that, as a result of their involvement, they have grown and changed. Being in an environment where one can practice new

skills results in building confidence, which is empowering. As one participant said "I have empowered myself to help my people"(5).

> I have never been involved at that level you know. I am always someone who carries duty and responsibility, and didn't make a lot of input, partly because I didn't like to make input and partly because I never had the chance. (6)

> I have never been immersed in this kind of open-endedness that the project embodies, and I have learned how limited my skills were in that area and how much I have to learn. (1)

According to Pearson (1999), self-transformation, or in other words, personal learning and change, is an integral component of social action, as individuals become aware of their personal assumptions and attitudes. One study participant confirmed Pearson's statement by indicating that "the project helps us to know ourselves and helps us know what in real life our attitudes are, with respect to other cultures. I think that helps us change our assumptions" (4).

For Understanding Other Cultures and Philosophies

Different cultures have different belief systems about concepts of mental health and mental illness (Anderson et al., 1990; Stewart et al., 1999; Weaver, 1999). Young, Spitzer, and Pang (1999) argue that newcomers may be exposed, for the first time, to Western ideologies (or biomedicine) regarding mental health

and treatment modalities. Participants in three ethno-cultural community focus groups articulated that their involvement with CIMHEP afforded them opportunities to learn about Western concepts of mental health and mental illness. By understanding the biomedical constructs of mental well-being, as well as knowing their community's readiness to accept these concepts, participants hoped to bridge the gaps in ideologies and open dialogue on issues considered taboo. In some cultures, the social stigma and familial shame associated with mental illness can be a barrier to utilizing services, as mental illness is believed to be genetically inherited or the result of misdeeds in previous lives, or by parents and ancestors (Anderson et. al, 1990; Hill, 1985).

> The other thing is the whole issue of the mental health and mental illness. Something that was new for me because in our culture it is something new, it is not how I previously perceived it...one of our [the community's] achievements would be if we can break down that type of word and have people realize that mental health is not mental illness. So our success would be if we can teach the people and that people would be in a position that they realize that there is mental health, and that it is something we can talk about. (2)

Although community members are beginning to discuss mental health and illness issues, one ethno-cultural community focus group participant cautioned that his/her fellow community members remain hesitant in adopting Western

ideology as their own and "have already blocked what you are about to tell them. So whatever you say, they say no"(6).

In addition to learning about how mainstream society interprets mental well-being, participants from all focus groups uniformly agreed that being involved with CIMHEP afforded them numerous opportunities to learn about and from other ethno-cultural communities. According to participants, their perceptions of other cultures have changed as a result of their interactions with one another. As one participant stated "everybody came with his/her own agenda or their institution's agenda and during the negotiation to plan the project they decided on common goals. Those who are still involved have a Pa

> Maybe it is a universal problem, we just look at it in a different way that is all. We learned that we think our community has one problem but when five communities come together we realize that they all have similar problems too. (6)

According to participants, a multi-ethnic community project provided opportunities to practice cross-cultural skills (*e.g.*, teamwork, negotiating, respecting other belief systems), which can be applied to other social issues. Acquiring cross-cultural skills is especially important within the context of a pluralistic and multicultural society like Canada.

> ...And also we learn from each other. Myself, I was totally ignorant about the YYY community. I have a lot of respect for them, specifically the way they have adversity and so little resources. The same kind of respect that I

> have for the ZZZ community because I did not know how diverse they are, their diversity has been an eye-opener for me. I really learned a lot. (3)
>
> I am working with different people who have different backgrounds and cultures. This is the first time that I have experienced this in a group. I am learning about cultures and certain ways of thinking from other people. (2)
>
> Going through a process with other people means teamwork. That you have to go on more or less the same pace with other people, at least in arriving at decisions. You have to adjust yourself to work with others. (5)

It appears that, based on participants' responses, the most important realization was the identification of commonalities among their communities. Most participants acknowledged that they share more similarities than previously perceived. This awareness could mobilize communities to unite in order to address their needs.

To Raise Awareness and Create Bridges

Participants in four ethno-cultural community focus groups discussed their desire to ensure sustainability of the project. According to participants, sustainability will be achieved by, first raising awareness of the project, and then establishing partnerships with mainstream heath care agencies and other ethno-cultural communities. Participants in one community focus group suggested

that CIMHEP's existence has made service providers and community members "open their eyes and consider other possibilities and other ways of solving problems"(2).

The CIMHEP has also provided participants with an avenue for advocacy and a chance to voice their communities' concerns. In one ethno-cultural community focus group, participants hinted at the significance of having an opportunity to talk to key decision-makers who may be in positions to affect policy changes. Likewise, participants in another community focus group recognized the relevance of providing opportunities for "institutional policy makers and funding agencies to learn more about the real life needs of the community"(4). One consequence of connecting agencies and communities to the project was that "the system is becoming aware that immigrants are people and they have needs"(4). As well, the possibility of fixing a fragmented health care system, by transforming it into something more congruent with newcomers' natural ways of seeking help, will be achieved through the existence of cultural brokers within the mainstream health care system.

> We are hearing that in Canada there is a very fragmented mental health care system, where everything is divided. But now we [CIMHEP] are creating a link between the people in the hospital and the people in the community. It is very slow but there is a process here where we can work together with the community with the institutions. (4)

> They [community members] can have hope that they can be treated according to where they are coming from with respect. For the natural

caregiver there is hope that they can encourage people to continue to function in the same way as it was in the past for them. (4)

FOCUS GROUP PARTICIPANTS' RECOMMENDATIONS

The final section of the chapter presents participants' recommendations for CIMHEP. Generally, participants' recommendations focused on factors that stimulate community participation, thus ensuring project continuity. Specifically, it was suggested that by improving the quality of communication and relationships, seeking the involvement of more ethno-cultural communities and agencies, and securing extra funding or increasing efficiency of existing resources (*e.g.*, by tapping into existing services offered at other agencies) continuity can be ensured. Also, by making a few modifications to CIMHEP's design, the strengths of the project can be maximized while minimizing its weaknesses. Participants believed that access to more resources would fix CIMHEP's shortcomings. However, the sociopolitical and economic milieu makes acquisition of additional funding difficult.

Improving the Quality of Communication

Participants in all focus groups suggested improving the quality of communication as a means of rejuvenating CIMHEP. Concrete recommendations included continuing to foster respect and honesty between CIMHEP members, providing clearer descriptions of member roles and responsibilities, inviting additional ethno-cultural communities to participate, and providing community members with relevant information. According to participants, increasing the clarity of dialogue would result in stronger relationships among existing and new CIMHEP members and mainstream

agencies. Consequently, CIMHEP's limited resources could be utilized for other activities, such as more training and assistance for cultural brokers.

As previously discussed, participants in all focus groups indicated that communication barriers lead to misunderstandings and false expectations, which could ultimately jeopardize the success of the project. Therefore, participants in two ethno-cultural communities and the steering committee focus groups suggested that clearly articulating and documenting members' roles and responsibilities would alleviate misunderstandings. Participants discussed the importance of writing new job descriptions that clearly illustrate the responsibilities and outline credentials. Participants from the feedback meeting articulated the challenges of knowing when, within a PAR-oriented initiative, to introduce job and role descriptions without restricting the process but still providing structure.

According to participants, CIMHEP should focus less on potential members' academic qualifications and more on individuals' interest in helping their community or immigrants and refugees in general. Participants noted that individuals who are already involved in community work do not possess academic credentials; rather, they are ordinary individuals who are involved because it is their passion. Frequently, these individuals are well integrated within the community, possess natural leadership abilities, and remain dedicated to the cause even when resources have been depleted.

> What is different in our country is that the people who do the work they are not academics. This work is done by your heart and by your nature. It is nothing that you learn in the books and I think these people for me

> are the real leaders because they don't have all these intellectual tools but they are very effective in what they do. They know what the community needs. It is a life, it is an experience. Those people are committed to help and to make changes, nobody pays them to do it. They really do it on their own time, on their own passion. So they have no resources, but these are the real leaders and the leaders that will always be in the community. Here, we are too focused on their qualifications. (4)

Similarly, participants from the two other focus groups suggested that CIMHEP should "start with people who are interested in participating whether out of concern or commitment for their community, or those who have experienced a mental health issue; don't limit it to ethnic specific communities"(1). As another participant recommended "maybe what we should look into is getting people out, individuals who are interested in this kind of work. Just get individuals out, train them, liaise with them, and help them to connect"(2). One year after data collection was completed, participants from the feedback meeting revealed that an effective strategy for increasing participation is to start with a person's lived experiences and to build on that experience, knowledge, and skill.

Participants in all six focus groups articulated the necessity to create linkages and build relationships among community members, community agencies, different ethnic communities, and mainstream health care institutions. According to participants, this is crucial in forging a strong foundation and would ultimately lead to CIMHEP's success in achieving its goals, as eventual findings would carry greater momentum. Participants in one ethno-cultural

community focus group suggested that current membership in CIMHEP should be expanded to include mental health care providers, policy makers, other ethnic communities, additional members from the ethnic communities already involved, urban and rural people, and individuals from the different socioeconomic strata.

> The project shouldn't just talk to the ethnic groups. We have to start thinking a bit differently, instead of always grouping people on the basis of race, or country of origin. You have to pay attention to the large regions like urban and rural... But if we [CIMHEP] don't take people form such diverse groups at least we should take the three economic groups like middle-class, the rich and the most under served and the rural and the urban. Rich people, even here, they have their own way of accessing health services because they have friends in high places, they have leverage. The poor people, the newcomers, they do not have those community connections, can't get things. (3)

Participants in another community focus group proposed connecting with existing immigrant serving agencies, community organizations, and cultural groups as an effective strategy for maximizing resources. Moreover, referring community members to existing agencies may provide an opportunity for individuals to interact with others experiencing similar problems, which could subsequently facilitate the establishment of a support network and assist immigrants and refugees to become increasingly self-sufficient. This, in turn, would alleviate some of the pressures currently experienced by cultural brokers

and allow them to focus more energy and time inviting additional community members to participate in CIMHEP, consequently building stronger partnerships. Steering committee members indicated, in meeting minutes, an awareness of the time constraints experienced by cultural brokers and discussed the possibility of utilizing existing resources to alleviate some of burden.

> The cultural brokers are doing a lot of one-to-one support with clients, this does not leave much time for community development work. Perhaps we [CIMHEP] can include agencies represented in community action groups, so that there are referral agencies already on board. (A06.15.01 minutes)

> We need to think about the importance of working across sectors to find effective solutions to matching community needs with institutional resources. (A09.13.01 minutes)

Aside from connecting with human service agencies, participants also mentioned the importance of expanding awareness of the project and its goals to the broader public. Participants suggested that an easy and relatively inexpensive method would be to create a brochure or pamphlet containing CIMHEP information (*e.g.*, project goals and objectives, services offered, how to become involved, etc.) that could be mailed out to community-based human service agencies and mainstream health care institutions. Another suggestion was to hire a public relations person, who "can invite individuals to join, and deal with these things...we have to have a common voice, one that is part of all the communities"(3).

Participants from three ethno-cultural community focus groups recommended conducting a needs assessment of each community to determine specific community concerns and needs. Findings from a needs assessment could potentially enhance continued commitment to the project as both CIMHEP members and non-members can use the information to create programs that address community needs, and as a result help newcomers. This would create opportunities for immigrants and refugees to regain control over their lives.

> Doing the really grassroots work, finding what families need. That's the only way you can be relevant. Community participation, and community organizing, its finding where you can be relevant. If you are not relevant people don't care about you so that is the key to getting people together. (1)

> To facilitate the tools that people [community members] need to make changes in their lives or in the communities. Provide them with information about different resources, teach them how to use these resources, and teach them about the country so that they can make informed decisions. (4)

Participants in all focus groups indicated concern over the limited amount of time available to complete project objectives, and recommended that cultural brokers be hired fulltime, to ensure sufficient time for building long-lasting relationships with community members, as well as with community-based and mainstream agencies. Furthermore, one participant counseled that

"PAR is something you live to experience it. After experiencing it for many years you can do it by yourself, but you need a lot of orientation, and I think there is not enough orientation"(4). Participants agreed that creating and maintaining relationships with CIMHEP members, communities, in addition to community-based and mainstream human service agencies, would assist in the project's overall success and longevity. Moreover, utilizing existing services would increase CIMHEP's efficiency, especially critical during times of monetary paucity.

Changes to CIMHEP's Design

Lastly, participants offered suggestions that would enhance functioning of the project and encourage future participation. Discussions focused on modifying and expanding the evaluation process to ensure that communities are examined through a cultural lens. One participant cautioned that "people [evaluators] look at the density of participation, not the problems the community faces"(2). Focus group participants discussed the "importance of understanding the cultural/social context that people are coming from, understanding and respecting indigenous ways of coming together as a community"(1). In other words, the way a community crystallizes may differ from Western ways, but should be documented and examined, and is of fundamental significance within a pluralistic society like Canada. Participants from another ethno-cultural community focus group advised that the scope of the evaluation process should be broadened to include consumers of CIMHEP's services.

> We should include the client and the client's family and people from the community, and ask them how much this project has helped. You can't just hear one or two people. You have to go beyond the project and go broad. (3)

Participants also suggested small modifications to the way core group meetings are conducted. Their suggestions for increasing meeting efficiency included sending out information and agendas "earlier, to give the core group members some time to prepare"(5). Also, setting realistic goals for what needs to be discussed at the meeting will alleviate feeling "somewhat frustrated after going to those meetings, because it seems that a lot of things are being left undone and we always have to rush"(5). Participants from another community focus group proposed giving "some benefit for the participants who come to the meeting, a little bit of money, transportation, or food," which could encourage participation (6). In general, participants recommended continuing to nurture CIMHEP's strengths and attempting to minimize CIMHEP's weaknesses by improving the quality of communication and building stronger partnerships.

IN SUMMARY

During focus group discussions, various factors that motivated participants' initial participation emerged. According to participants from the ethno-cultural community focus groups, tangible rewards were important reasons for becoming involved with a project. For other participants, being

involved was a natural extension of cultural values and traditions; cultures in which importance was placed on giving a voice to the voiceless and aiding community members to regain control over their own destiny.

Although there is some overlap between what motivates initial participation and what motivates continued participation, some key differences exist. Most notably these differences were articulated as the operational structure and design of the project (*i.e.*, what was it about the project's design specifically that made it function or not function?), the real, and perhaps perceived, sense of opportunity, and participants' willingness and desire to learn. Many of the themes of what facilitates continued participation are not mutually exclusive, but rather interconnected.

It is important to note that CIMHEP was designed to follow the principles of PAR, and as such, aspired to follow PAR philosophy. Participants articulated components of CIMHEP that were particularly effective at promoting continued participation: (1) a democratic process which focused on respect and openness among members; (2) the involvement of communities throughout the project, especially during the initial planning phase; (3) the nonexistence of restrictions regarding time-frames and scope of activities for each community; and (4) the establishment of a learning milieu. Ineffective components were revealed to be a lack of communication at all levels, and a lack of connections among CIMHEP, other ethnic communities, and human service agencies. These two deleterious factors were considered interwoven, as a lack of communication resulted in either no relationship building or the creation of weak partnerships. Insufficient resources and/or limited access to resources by CIMHEP and

individual participants in their daily lives were often cited as limiting participants' continued involvement with CIMHEP.

Finally, one prominent finding from this study is the importance of cross-cultural learning within a multicultural society like Canada. Participants in all focus groups expressed that through their interaction with one another, their attitudes regarding other cultures changed. This raises some fundamental questions. Does appreciation of the needs of others change expectations of what is needed and is appropriate? Is there a need for immigrants and refugees to understand and appreciate the complexity inherent in institutional development in a pluralistic society? Can Canadians come together in mutual understanding to co-create the institutions needed to respond effectively to a complex and changing national, provincial, and local context? Is PAR an approach that stimulates awareness of the similarities and differences among ethno-cultural communities learning to live together and of the need to develop services responding to all within the constraints of resources? Can PAR be used as a tool for gaining an appreciation of cultural diversity and what it means to be Canadian and vice versa?

The following chapter discusses the findings in relation to existing PAR and health promotion literature. However, before these findings can be examined in that context, it is necessary to ascertain whether CIMHEP was guided by the PAR philosophy. As mentioned earlier, Green et al. (1995) developed a set of guidelines to assist researchers, practitioners, and funding agencies in assessing if projects are "doing" PAR. A comparison between CIMHEP and the theoretical underpinnings of PAR will be presented first,

followed by discussion about the steps and events necessary to maintain adequate participation of community members within a PAR-oriented initiative.

CHAPTER FIVE

EXPLORING THE MEANING

In this chapter, I discuss some of the pertinent findings and conclusions of my research, and make connections between my results and existing PAR and health promotion literature. To date, there is little data on the process involved in creating and maintaining PAR-oriented projects. The CIMHEP, used here as a case study, adds new findings to the PAR literature by exploring, from the participants' perspectives, the steps and events necessary for establishing and maintaining the foundations of a PAR-oriented project. In addition, this chapter examines the extent to which the requirements for creating and maintaining a PAR initiative are similar or different for each of the participating ethno-cultural communities. Understanding the cultural context is crucial for enhancing the effectiveness of empowerment and social change via a PAR-initiated approach, because it points to areas that require additional attention and energy. Please note that general conclusions about specific ethno-cultural communities' responses are tentative, due to the small sample size from each ethno-cultural group.

To link CIMHEP to the PAR literature it is important to first determine whether a PAR philosophy truly guided CIMHEP. As such, the application of an evaluation tool developed by Green et al. (1995) to CIMHEP is presented first. Then discussion turns to the main tenets of PAR: participation, empowerment, attaining knowledge, and social change. Aspects of CIMHEP that apply to each tenet are examined. Then, I present a model synthesizing the PAR components as they occurred within CIMHEP, and I discuss the implications of my findings for health promotion practice. Finally, the chapter concludes with a discussion about the significance of this study and recommendations for future research.

IMPLEMENTING THE PARTICIPATORY ACTION PHILOSOPHY

To assess whether CIMHEP is rooted in a PAR philosophy, the Green et al. (1995), guidelines were used (see Appendix B for framework). Green et al. organized their guidelines into six main themes associated with key PAR components. Each theme outlines a series of questions "to make explicit and thus observable and possibly measurable the principles and characteristics of participatory research" (p. 41). The authors caution that not all PAR projects will address every principle or characteristic included in the guidelines. Consequently, the value of a given project should not be tied directly to the number of PAR principles and characteristics it addresses or the manner in which the PAR principles and characteristics are addressed. Instead, the value of a project should be "left open for local adaptation of the research" (p. 41). That being said, if a project addresses very few of the questions in the guidelines, it is probably not "doing" PAR.

This section is organized according to the themes from the Green et al. (1995), guidelines. It includes a series of tables that list the questions from the guidelines. I used the study findings to evaluate CIMHEP according to the five-point rating scale developed by Green et al. According to the Green et al. guidelines, a score of "1" indicates that the project does not address the PAR principle or characteristic addressed in each question and a score of "5" indicates that the principle or characteristic is very well addressed or is a key component in the project. Examples from CIMHEP, which support the rating, are also discussed. For my purposes here, I refer to the steering committee whenever the Green et al. guidelines use the term researcher.

Table 1: Participants and the Nature of Their Involvement

Guideline	1	2	3	4	5
1. Is the community of interest clearly described or defined?					✓
2. Do members of the defined community participating in the research have concern or experience with the issue?				✓	
3. Are interested members of the defined community provided opportunities to participate in the research process?				✓	
4. Is attention given to barriers to participation, with consideration of those who have been under-represented in the past?			✓		
5. Has attention been given to establishing within the community an understanding of the researcher's commitment to the issue?			✓		
6. Are community participants enabled to contribute their physical and/or intellectual resources to the research process?					✓

The CIMHEP clearly meets criteria of PAR with respect to participants and the nature of their participation. An important feature of PAR is for participants to have an opportunity to be involved in all aspects of the research process. The CIMHEP has clearly described the community of interest; currently five ethnic communities are involved with the project. However, the overall outcome of CIMHEP will benefit all immigrant and refugee communities. Most of the community members who were asked to participate in CIMHEP have expressed concern about both the mental well-being of immigrants and refugees and the lack of culturally relevant health care within mainstream institutions.

Training in research methodologies is provided to CIMHEP members. As well, CIMHEP provided core group members with $4000 seed money to design

specific community-based initiatives for their communities, thus providing first-hand experience in conducting needs assessments and implementing programs. Focus group data revealed that steering committee and core group members were aware of participation barriers, however core group members expressed that not enough was being done to alleviate the barriers. Also, participants in this study indicated a need to increase participation, because without additional community members and other ethnic groups, sustainability of the project is jeopardized. The very nature of CIMHEP, by attempting to nurture the growth of culturally appropriate health care and increasing immigrants' and refugees' access to these services, suggests concern about people who are often marginalized. Because each ethno-cultural community has a representative on the steering committee, core group members know that steering committee members are committed to the issues, but the commitment should be vocalized frequently and explicitly.

The CIMHEP's mission statement (see Appendix A) provides evidence that core group members' physical and intellectual resources are integral components of CIMHEP. Another example of the importance of core group members' intellectual resources was evident in responses from the steering committee meeting minutes, which recorded the importance of asking core group members' advice regarding the hiring of cultural brokers.

Table 2: Purpose of the Research

Guideline	1	2	3	4	5
1. Can the research facilitate learning among community participants about individual and collective resources for self-determination?					✓
2. Can the research facilitate collaboration between community participants and resources external to the community?			✓		
3. Is the purpose of the research to empower the community to address determinants of health?				✓	
4. Does the scope of the research encompass some combination of political, social, and economic determinants of health?				✓	

Application of the Green et al. (1995) guidelines to CIMHEP indicates that the purpose of CIMHEP is consistent with PAR. As indicated in CIMHEP's mandate, great worth is placed on the learning process. From both focus group participants' responses and steering committee meeting minutes, it became clear that the existence of a learning milieu not only motivated initial participation, but also stimulated continued participation. The significance of creating partnerships between community members and outside resources is manifested in CIMHEP's mandate. One example of partnership development is the involvement of individuals from various community-based human service agencies in the steering committee. These human service agency representatives are the physical link between various agencies and CIMHEP. However, participants' responses indicated that more energy and resources should be focused on improving the quality and quantity of these connections.

One of CIMHEP's goals is to "develop resiliency among immigrants and refugees to cope with adaptational stress in their new environment" (Project

overview CIMHEP, 1999, p. 5). This goal clearly indicates that the project aims to empower the community to address the determinants of health. The scope of CIMHEP broadly aims to address political, social, and economic conditions that influence health by advocating for the rights of immigrants and refugees within mainstream health care institutions and all levels of government.

Table 3: Origin of the Research Question

Guideline	1	2	3	4	5
1. Did the impetus for the research come from the defined community?			✓		
2. Is an effort to research the issue supported by members of the defined community?				✓	

As Table 3 shows, the impetus for the research question did not come from the identified communities; rather it started with a group of concerned individuals who work within these communities on a daily basis. However, as soon as a tentative idea was formed, community members were invited to participate and help crystallize the project's structure and direction. Community members, and CIMHEP members alike, support CIMHEP's goals. Although it is difficult to determine the exact number of community supporters, many focus group participants' responses were about the importance of attempting to involve additional community members.

Table 4: Opportunities to Address the Issue of Interest

Guideline	1	2	3	4	5
1. Is the potential of the defined community for individual and collective learning reflected by the research process?					✓
2. Is the potential of the defined community for action reflected by the research process?				✓	
3. Does the process reflect a commitment by researchers and community participants to social, individual or cultural actions consequent to the learning acquired through research?				✓	

The CIMHEP has provided ethno-cultural community members with opportunities to address issues they have identified as salient. The potential for individual and collective learning is reflected in the CIMHEP's mandate: "the group embarks on a transforming path, making decisions, and taking on activities that are grounded in members' experiences. They seek new, in-depth understanding, using multiple creative means for knowledge generation and documentation" (Community-based Immigrant Mental Health: A Proposal for Action, 1999). Evidence from this study supports the reality of the learning environment within CIMHEP; participants reported learning about themselves and others. While CIMHEP's mandate aligns with the potential for social action, determining how much social change will occur is currently unclear. Pointing, however, to the possibility for social change, participants reported on small-scale changes occurring within the mainstream health care system. An example of the small-scale changes provided by focus group participants was mainstream health care professionals' willingness to learn about other belief systems.

Table 5: Process and Context – Methodological Implications

Guideline	1	2	3	4	5
1. Does the research process apply the knowledge of community participation in the phases of planning, implementation and evaluation?				✓	
2. For community participants, does the process allow for learning about research methods?				✓	
3. For researchers, does the process allow for learning about the community health issue?				✓	
4. Does the process allow for flexibility or change in research methods and focus, as necessary?					✓
5. Are procedures in place for appraising experiences during implementation of the research?			✓		
6. Are community participants involved in analytic issues: interpretation, synthesis and the verification of conclusions?			✓		

Data collection for this study occurred during the early phases of CIMHEP's existence, during which time the focus was on developing rapport among CIMHEP members, not on evaluation/research procedures. The CIMHEP applies the knowledge of core group members in the phases of planning, implementation, and evaluation. Currently, core group members are in the process of developing ethno-cultural community-specific programs. Involvement in CIMHEP has given steering committee members an opportunity to learn about community mental health needs and core group members a chance to learn about research methodology. As well, both have an opportunity to practice PAR. Clearly evident in the findings presented in Chapter Four, the learning process within CIMHEP has been depicted as a two-way street: going from steering committee members to core group members and vice versa.

Steering committee meeting minutes revealed an event called "Celebration of Learning," during which core group members shared information with policy makers, funding agencies, and mainstream health care professionals about health belief systems of their respective ethno-cultural communities. Even though the research component of CIMHEP is in its infancy, the importance of keeping the methodology flexible, to adequately capture the learning, has been noted in some steering committee meeting minutes. It is premature at this stage in the project to determine who will be involved in and responsible for the analytical issues surrounding interpretation, synthesis, and verification of conclusions.

Table 6: Nature of the Research Outcomes

Guideline	1	2	3	4	5
1. Do community participants benefit from the research outcomes?					✓
2. Is there attention to or an explicit agreement for acknowledging and resolving in a fair and open way any differences between researchers and community participants in the interpretation of the results?			✓		
3. Is there attention to or an explicit agreement between researchers and community participants with respect to ownership of the research data?		✓			
4. Is there attention to or an explicit agreement between researchers and community participants with respect to the dissemination of the research results?		✓			

It is clear that core group members, and their communities, will benefit greatly from CIMHEP's potential outcomes. Participants expressed that they

anticipate that benefits from CIMHEP will extend to immigrants and refugees from other ethno-cultural communities, as attitudes regarding the need for culturally appropriate health care change. Because this study was conducted during the early stages of CIMHEP's development, it is difficult to envision how issues around interpretation of results, ownership of data, and dissemination of results will be resolved.

Based on the evidence presented in Chapter Four and the application of the Green et al. (1995) guidelines, CIMHEP is indeed grounded in the PAR philosophy. While the rating scores for the research and dissemination components are low, the project has numerous strengths regarding the democratic involvement of community members and the creation of partnerships with human service agencies and community groups. It is understandable that the ratings are lower for some aspects of research and dissemination as CIMHEP was not yet at that stage (while collecting data for this study). Also, the Green et al. tool was developed by academic scholars with PAR research experience, the participants in CIMHEP are not academic scholars and may not be as concerned with data analysis and dissemination of findings. The following section discusses each PAR tenet in-depth and evaluates the aspects of CIMHEP that apply to the tenet.

TENETS OF PARTICIPATORY ACTION RESEARCH

Participation

The key principle that distinguishes PAR from other social science research is participation. Participation has been defined as a joint venture in which decision-making, planning, and responsibilities are shared among

participants (Meyer, 2000). Green et al. (1995) suggest that PAR-oriented initiatives should emphasize participants' "unique strengths and shared responsibilities," which would enable both researchers and community members to "pool their strongest resources in a way that does not create an imbalance in responsibility and power" (p. 12). Lindsey and McGuinness (1998) state that in order to establish a mutually interactive process, researchers and participants must continually question what motivates their participation. While the benefits of participation are frequently expressed in the literature, the constraints and strategies that researchers and participants employ to overcome the challenges associated with the development of active partnerships are not as well articulated (Boutilier et al., 1997; Chataway, 1997). Participants in this study discussed the unique barriers to participation that they encountered in CIMHEP, and they provided suggestions for minimizing these barriers and suggestions for strategies that could aid the development of reciprocal collaborative relationships.

The main barriers were identified to be the same for each ethnic community and were generally framed in terms of communication difficulties, lack of connections, and insufficient resources. Of these barriers, insufficient resources were believed to be the most significant obstacle limiting participation. Insufficient resources limited participation in two ways. First, some participants did not have enough time to volunteer due to their financial instability and consequent need to work, and secondly, CIMHEP lacked adequate financial resources necessary to hire full-time cultural brokers who could facilitate the project's requirements. Some participants speculated that an individual's socioeconomic status frequently determined his/her willingness to participate in

a community activity. For example, participants who perceived their communities' socioeconomic status to be lower than another community believed that the low participation rate was directly related to the struggle with daily life. In other words, community members could not afford the time to participate. Therefore, focus group participants assumed that financial stability was a prerequisite for participation in community-based initiatives. However, participants from the relatively more affluent communities indicated that financial security did not guarantee involvement with CIMHEP.

Although study participants expressed barriers to participation, findings also indicate that steering committee and core group members have attempted to minimize these barriers. For example, the steering committee afforded CIMHEP members flexibility in terms of time and project design, so that members can work at a pace and in a manner appropriate for each community. Even though the steering committee is accountable to funding agencies, they "creatively re-allocate" resources to ensure that core group members maintain control over the functioning of the project. As was apparent from the data, the steering committee facilitated genuine and reciprocal relationships among coordinators, communities, and core group members, as much as possible within the constraints of resources. Facilitating reciprocal relationships among all CIMHEP members was achieved through the creation of a learning environment, in which the intellectual resources of each member were valued and utilized.

So what motivates people to become active within and for their community? Pareek (1990) describes participation in terms of development: "the process of unfolding the unique potential and strengths of individuals and groups in a society" (p. 119). He argues that each culture possesses functional

and dysfunctional elements that contribute to or hinder the developmental process. Thus, an important task of PAR is to strengthen the functional and to limit the dysfunctional elements, so that development, and consequently participation, can occur. Pareek interprets Western models for motivating individuals to participate as "clean and decontextualized," in which principles and rules are seen as absolute. He contends that Western models for stimulating participation will not be effective for most cultures because most rules and principles for motivation are dependent on an individual's cultural context.

Pareek's (1990) conclusions about the cultural context of participation are based on his examination of a Western model of participation within the Indian culture. In Indian society, the role that an individual plays (*e.g.*, mother, son, or volunteer) is considered more important than the person, and in many cases individuals engage in "role lives" rather than "personal lives." He states that in a more structured society, like India, emphasizing the role-life as opposed to the personal-life is perceived as less threatening because roles link individual autonomy to organized society. Consequently, an effective strategy for motivating individuals who come from structured societies to participate in a community-based initiative would be to focus on role-lives.

Abrahams (1996), in her study on community participation, argues that participation is one avenue through which women engage in political and service work for the betterment of themselves, their families, and their communities. However, participation also can perpetuate power and rigid class lines. Her study reveals that upper-class women often volunteer to protect class-based interests, whereas working-class women engage in community action aimed at empowerment. The African-American and Latino women interviewed in

Abrahams' study spent considerably more time engaged in community activities than an average North America woman, and often were involved in more than one project. Abrahams concludes that culture played a key role in her participants' involvement in community volunteer work.

While my findings provide some indication (albeit tentatively) that participants' cultural history influences their involvement within CIMHEP, my findings do not substantiate or negate Abrahams' claim that motivation is linked to perpetuating class hierarchy. Findings from the current study seem to support the hypothesis that participation is culturally defined; participants in the project either blamed or praised their culture for either being or not being socially active. They concluded that each culture has a unique view and attitude about participation, which may differ from Western perspectives, and consequently may not be fully understood by mainstream professionals in Canada.

While CIMHEP members have argued that it is necessary to design projects to suit the culture, they have not tried to capitalize on their individual communities' strengths. For example, the participants from the Spanish-speaking community have "lived" the PAR philosophy, and thus possess a deep understanding about PAR. The CIMHEP could benefit from this intellectual resource by employing Spanish-speaking individuals as tutors or one-to-one mentors with other CIMHEP members to share their first-hand experiences. The Somali community, within a Western construct of community, is still developing; they are learning from other ethnic communities the meaning of community. This community's perseverance to understand new constructs of community could be used as an example for other young communities attempting to develop a sense of identity and togetherness in a new country. On the other hand, the

Vietnamese and Chinese communities, because of their strong connections to cultural traditions, could assist other communities or CIMHEP ensure that new programs remain culturally sensitive. The South Asian community, with their keen sense of advocacy, could help to move CIMHEP from the theoretical to the practical, ensuring implementation of culturally sensitive health care policies by those in positions to create change. In a sense, each community's unique strengths could become their roles within the project. As was indicated in the findings, participants explained that a lack of clearly defined roles hindered their involvement and could potentially stunt the project's progress, thereby supporting the hypothesis that the existence of roles within a project influences the level of participation.

Empowerment

Empowerment, a crucial concept of PAR, is defined as a "social action process that promotes participation of people, organizations, and communities towards the goal of increased community control, political efficacy, improved quality of life, and social justice" (Wallerstein, 1992, p. 198). Based on this definition, the findings presented in my thesis suggest that CIMHEP members did experience empowerment, albeit for different reasons. Aspects of CIMHEP that lead to participants' empowerment include the creation and control of the project by community members, mutual respect among all members, reciprocal information transfer among core group and steering committee members, and involvement in a project designed for the betterment of their communities. Participants also mentioned that access to information and resources equipped them to help their communities. Wallerstein states that individuals, through

participation in community-based initiatives, experience empowerment, because the act of participating itself promotes a change in perceptions of self-worth, in turn replacing perceived powerlessness. Wallerstein continues, stating that "the experience of mobilizing people in community groups strengthens social networks between individuals and enhances the community's or organization's competence to collaborate and solve health problems" (p. 203).

According to Seymour-Rolls and Hughes (1995), empowerment occurs through the development of common knowledge and critical awareness of a shared concern by bringing isolated people together around collective concerns. Chow (1999) states that forging partnerships will not be "possible unless common ground is found, similarities are understood, and differences are appreciated" (p. 78). These theoretical assumptions were corroborated by the findings from this study. Participants in all focus groups pointed out that, through their interactions with other communities in CIMHEP, they became aware that their concerns and needs were similar. This was an empowerment-enhancing realization because they now know that, through their collective efforts, a larger momentum can potentially be generated to influence change in previously isolated communities than could be fostered in each community on its own.

The realization of shared challenges and common goals is especially salient for immigrants, as individual and collective well-being are frequently intertwined (Chow, 1999). Participants were comforted in the knowledge that other ethno-cultural groups experienced similar "growing pains" of integrating into Canadian society, and hence did not "feel alone" in their struggles. This information could be used by mainstream human service agencies to guide the

development of effective programs for facilitating the transitional period to life in Canada.

Attaining Knowledge

According to Kemmis and McTaggart (1990), PAR considers knowledge production a dynamic process of "engagement, education, communication, action, and reflection" (p. 27). Theoretically, PAR is a consciousness-raising process in which both researchers and participants are engaged in a mutually educative encounter (Lindsey & McGuinness, 1998). Learning is viewed as a two-way process because it provides opportunities to learn new ways of attaining and interpreting knowledge.

Based on the above definitions and assumptions, findings from this research reveal that participants in CIMHEP are learning. For example, participants expressed gaining concrete skills and information about mental wellness and illness, as well as abstract proficiency in working cross-culturally. Focus groups participants indicated that the opportunity to learn was crucial for their initial interest and continued involvement in the project. Participants disclosed that they have gained respect for the hardships encountered in other communities and have come to a realization that all five ethno-cultural communities share compatible goals. According to participants, this learning would not have been possible if not for the existence of CIMHEP and individual participants' willingness to learn from each other.

Specifically, focus group participants discussed their new found knowledge about the cultural context surrounding mental illness, and the potential that they can act as bridges between mainstream culture and

immigrant/refugee communities. As Pareek (1990) suggests, cross-cultural learning becomes much more useful "if connected with an understanding of one's own culture" (p. 124). Likewise, Pearson (1999) argues that understanding and interpretation is not possible "outside" one's own culture, as culture shapes an individual's values, beliefs, perceptions, and ways of thinking. Therefore, the learning that takes place within a PAR-oriented approach provides a two-way street for learning between mainstream culture and immigrant/refugee communities, as well as learning among these communities.

Participants expressed a desire to share what they have learned through CIMHEP with other community members, so that newcomers can eventually receive culturally sensitive care and integrate into Canadian society with greater ease. These findings imply that PAR can be used as a tool to communicate between mainstream Canadian culture and immigrant communities.

Social Change

Participatory action research is a non-traditional method of research, the aim of which is to create positive social change (Seymour-Rolls & Hughes, 1995). Rahman and Fals-Borda (1991) believe that, ideally PAR is an "open-ended process of life and work – a progressive evolution toward an overall, structural transformation of society and culture" (p. 29). Theoretically, PAR stipulates that participants' personal change is the prerequisite for societal change; in other words, social change cannot occur without personal change. However, research documenting how a project moves from individual change towards social change is limited (Abrahams, 1996; Chataway, 1997). In addition, literature reviews of studies indicate that most PAR initiatives do not result in social action; this may

be due participants' lack of commitment or researchers' lack of time to move research findings into action (Chataway, 1997; Guerrero, 1995; Lindsey & McGuinness, 1998; Palmu, 1999; Wilson, 1996).

Although study participants expressed a change in their assumptions about other cultures as a result of their involvement with CIMHEP, it is too early to tell what the magnitude of the social change will be. Steering committee focus group participants commented on the small-scale "incidental learning" that is beginning to occur within mainstream health care institutions, and postulated it to be the foundation required for further change. Incidental learning was described as the willingness by professionals to learn about other cultures and ways of doing, through observing cultural brokers' work. As well, newcomers from all ethnic groups can begin to obtain culturally sensitive care required to lead whole lives due to the existence of cultural brokers working within mainstream health care institutions. Participants from all focus groups implied that these were steps in the right direction. According to Chow (1999), networking between mainstream and community-based human service agencies and raising public awareness about the challenges that newcomers encounter, guarantees that social change is inevitable.

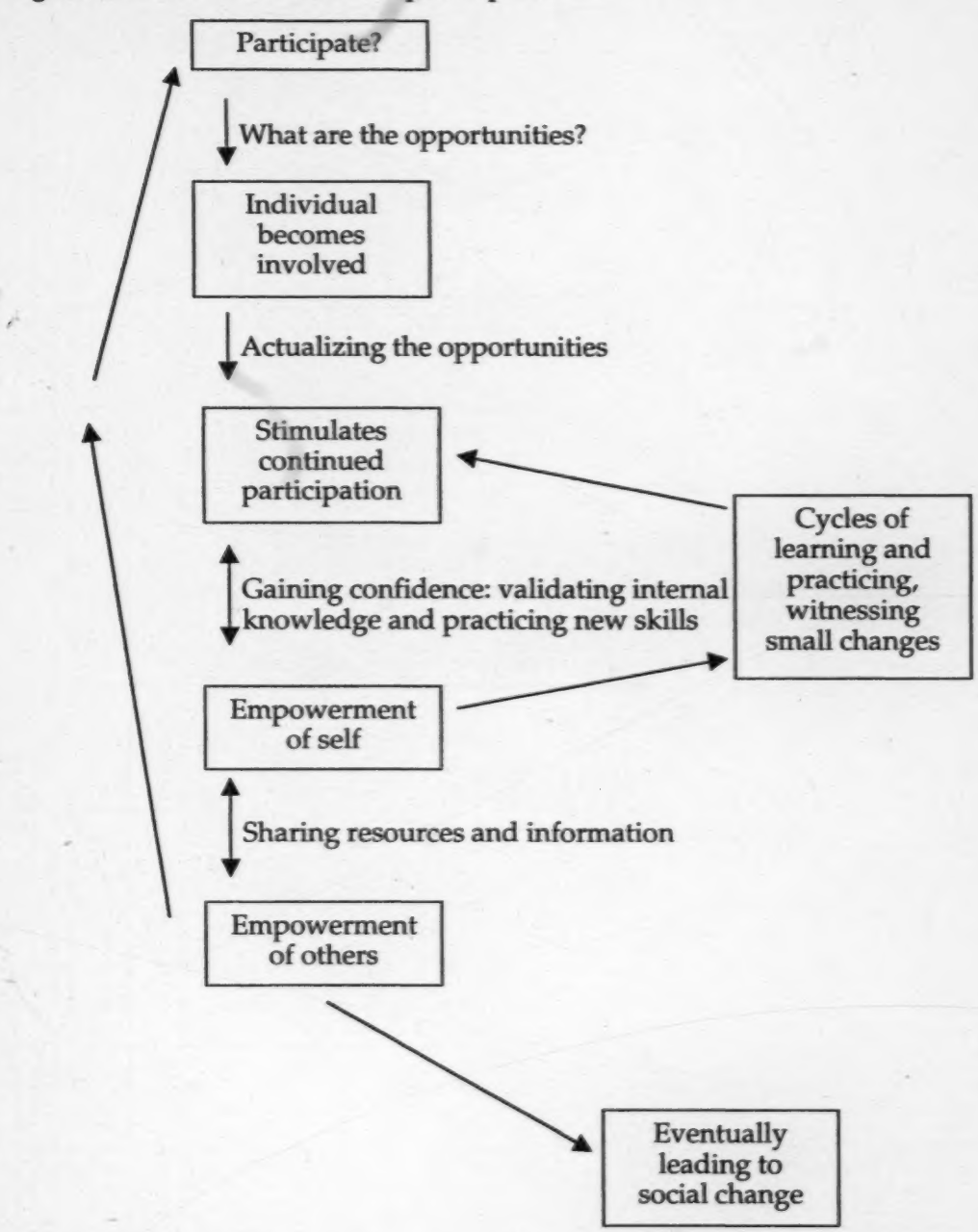
Participants also thought that change was one-sided. Immigrants and refugees were adapting to their new way of life, while the host society remained resistant to learning about immigrants' and refugees' traditional way of life. One participant suggested that change within mainstream health care institutions and human service agencies could be expedited if CIMHEP did not focus entirely on specific ethnic communities but rather on the larger community. Nevertheless, participants in this study reported that while changing perceptions and policies

within mainstream society may appear to be an unattainable speck on the horizon, they remain hopeful about the possibilities.

THE MODEL: Participation as the gateway into PAR

In this section of the chapter, I synthesize the crucial factors and conditions that create and maintain a PAR approach by presenting and explaining a model depicting PAR, as it occurred within CIMHEP (see Figure 2). The model depicts participation as the gateway into PAR and empowerment and knowledge attainment as the stimuli for continued participation. Many scholars believe that an individual decides whether or not to participate based on his/her values, traditions, and beliefs (Abrahams, 1996; McFarlane & Fehir, 1994; Pareek, 1990). Some participants in this study argued that an individual's socioeconomic status determines participation. Others implied that socioeconomic status has no bearing on the motivation to participate, but that it facilitates the decision-making process of whether or not to become involved with a project.

Figure 2: Factors that stimulate participation


Participate?
What are the opportunities?
Individual becomes involved
Actualizing the opportunities
Stimulates continued participation
Cycles of learning and practicing, witnessing small changes
Gaining confidence: validating internal knowledge and practicing new skills
Empowerment of self
Sharing resources and information
Empowerment of others
Eventually leading to social change

Factors that stimulate participation using a PAR-oriented initiative as a case study. Participation is depicted as the gateway into PAR, while empowerment-enhancing features are stimuli for continued participation. These empowerment-enhancing features include validation of an individual's internal knowledge, practicing new skills, teaching others, and witnessing small changes.

Based on the findings from this study, I hypothesize that the kernel for wanting to participate is determined by the opportunities presented by and within a project and the value placed upon those opportunities is determined by an individual's interests, culture, and traditions. Participants from the feedback meeting supported this hypothesis stating that some individuals desired to do hands-on work for the project, while others wanted to be involved in the reflection or more abstract components of the project. Once individuals become involved with the project, the real and perceived opportunities need to be actualized in order to stimulate further involvement. As long as participants remain involved in the project, they gain confidence by having their internal (previous) knowledge validated, by learning and practicing new skills, and by witnessing small changes in other participants and themselves. These experiences further stimulate involvement and lead to a sense of empowerment.

A few cycles of learning, practicing and witnessing change must occur before participants likely feel confident enough to be a resource for other community members. The empowerment of others occurs through the process of sharing information and resources. Next, additional individuals will be invited to participate and these new participants will then go through the process of ascertaining if the opportunities presented by and within the project ring true for them. As the cycle continues, the number of individuals (critical mass) becoming empowered to advocate for change increases. With the employment of various advocacy strategies (*e.g.*, letter writing campaigns, demonstrations, organizing agencies and services, public education, etc.), this critical mass of people builds enough momentum to effect social change.

Findings from this study suggest, at least tentatively, that cultural differences in motivational factors do exist. For example, the Spanish-speaking community appeared to become involved in an effort to help strengthen ethnic communities and to create a nurturing environment for individuals with mental illnesses. The motivation for the South Asian community to participate seems to have been driven by opportunities to make changes in mainstream health care policies and to advocate for communities at all levels of government. For the Somali community, the motivation appears to the opportunities for learning how other ethnic communities developed togetherness within the new cultural context of Canada. The findings suggest that the Vietnamese community members participated in CIMHEP to gain knowledge about resources that could help community members experiencing a mental health crisis. Also, this community seemed driven to share their knowledge about Western ideologies surrounding mental wellness and illness to fellow community members. Lastly, the Chinese community seems interested in increasing other immigrants' and refugees' access to appropriate mental health care services by educating professionals within mainstream institutions about the challenges newcomers encounter.

IMPLICATIONS FOR HEALTH PROMOTION PRACTICE

By applying PAR philosophy, CIMHEP is emerging as a community-based practice model for changing the way in which mental health services are offered in conjunction with mainstream health care institutions. This research provides practical information on what participants believed was necessary for their (and potentially others) participation in community development projects.

Health promotion is defined as a process that enables people to increase control over their health (Epp, 1986; Green et al., 1995, Labonte, 1993). Since much of health promotion is founded on principles of empowerment and participation, researchers, practitioners, and educators would do well to implement recommendations made by individuals who are facing the challenges of accessing culturally sensitive health care services. Wallerstein (1992) cautions that "empowerment is not a fixed outcome of objectively changed conditions, but rather an ability to judge situations and determine whether the conditions are appropriate to demand change" (p. 202).

During the 1980's and 1990's, Canadian health promotion scholars recommended public participation, strong community health services, and healthy public policy as strategies for reducing health inequalities, increasing the prevention effort, and enhancing people's capacity to cope (Chrisman et al., 1999; Epp, 1986; Labonte, 1993). CIMHEP nurtures public participation through early and continued involvement of community members. As such, ongoing involvement of community members in CIMHEP will focus "their energy, skills, and creativity into the national effort to achieve health" (Epp, p. 10).

The second health promotion strategy, strengthening community health services, is evident in CIMHEP's community-based approach, which aims to develop resiliency among immigrants and refugees coping with adaptational stress in a new environment, and aims to create links between mainstream and community mental health services. Epp (1986) suggests that by involving communities in the planning of their own services, community-based initiatives become vehicles for health promotion. Providing culturally sensitive health care services within both mainstream and community-based settings increases the

likelihood that immigrants and refugees will access needed services (Chow, 1999). Immigrants and refugees experience poor health more frequently than their Canadian-born counterparts (Bagheri, 1992; Cuellar, 2000; Desjarlais et al., 1995; Noh & Avison, 1996). The CIMHEP is assisting immigrants and refugees in their efforts to gain control of their health within the Canadian social and health care environment. Scholars contend that successful encounters in social and clinical situations are inherently empowering, and are thus likely to engender social changes needed to facilitate newcomer integration (Chataway, 1997; Guerrero, 1995; Seymour-Rolls & Hughes, 1995).

The last health promotion strategy recommended by Epp (1986) is to create healthy public policy. This study provided a one-time snapshot of what was happening within CIMHEP and as the project continues to operate for another two years, it is premature to determine if changes to public policy will be achieved. Also, creating a healthy public policy is dependent on the sociopolitical context and may be beyond CIMHEP's reach. However, CIMHEP can and is advocating for the need to rewrite the policy manual on how mental health services are currently being offered. The CIMHEP aims to develop institutional readiness by supporting community initiatives and creating an environment conducive to productive collaboration among professionals working in the mental health arena. Also, by raising awareness among Canadians about the challenges newcomers face as they integrate into their new environment, CIMHEP hopes to set the stage for the eventual sprouting of healthy public policy.

Especially important in a pluralistic society like Canada, the findings from this research suggest the need for health promotion practice to incorporate

the diversity of cultures, and hence beliefs about health and wellness, into programs and initiatives. According to Chow (1999), "within a multicultural society, no one group seems to own minority status any more." It is therefore imperative for human service agencies to avoid working "only in and for a given group" (p. 78). Consequently, health promotion initiatives must ensure that partnerships are created with and for many ethno-cultural groups. This sentiment is echoed in the findings from this thesis, as participants expressed a desire to expand the number of ethnic groups participating in CIMHEP.

While it would be beneficial for PAR projects within Canada to have a multi-ethnic focus, findings from this study suggest that some of the motivational factors that promote participation are culturally unique. In light of this finding, it is likely that health promotion practitioners could enhance program participation by emphasizing different aspects of a particular project that appeal to the diversity in motivational factors. In general, these motivational factors are the real and perceived opportunities described earlier. Findings reveal that the factors to inspire participation are not universal; however overarching similarities between cultures do exist in the factors that maintain participation. These similarities include an environment of mutual respect and openness, flexibility in adapting a project to work at the pace of communities, involving the community from the beginning, and incorporating their physical and intellectual resources. Also, the data suggest that cultural differences serve as important signals in determining how one should conduct PAR in different cultures. Educators, teaching the next generation of health care professionals, should integrate content and learning activities that focus on the importance of cultural sensitivity into the curriculum. Health promotion

practitioners, working with ethno-cultural communities, would do well to endorse group strengths and adjust practice accordingly, remaining attentive to the context and circumstances in which immigrants and refugees migrated. McFarlane and Fehir (1994) eloquently state that:

> We can never give to the community. Everything is there and theirs from the beginning. We can increase awareness, connect people, and validate respect for culture and the many ways of knowing, believing, and doing. It is essential to trust in the people to decide for themselves what is best and most needed even if those needs are different from funding priorities and our preferred action plan (p. 393).

SUMMARY AND RECOMMENDATIONS FOR FUTURE RESEARCH

This research contributed to current PAR knowledge by illuminating the process of PAR within a community-based health promotion initiative, the CIMHEP. This study determined and described the factors and conditions, from the participants' perspectives, that created and maintained a PAR-oriented initiative. In addition, this research examined if the particular steps and events were the same or different for the various ethno-cultural communities involved with CIMHEP. Nevertheless, many gaps in understanding the process of PAR need to be addressed.

Similar studies should be conducted with other ethno-cultural groups and in different settings to determine if the factors stimulating participation are similar. Findings from such studies would support or refute the model presented here (Figure 2). Also crucial to examine in future research is the relationship between gender and participation in community-based initiatives.

Do women participate more or less than, or equal to men in these types of initiatives, and what are the reasons for the level of participation? As well, it is important to include those individuals who have left a project in the evaluation process to gain insight into what some of the detrimental factors are for continued participation. The possible effects of socio-political and economic forces on PAR-oriented initiatives should be examined, as this information would assist projects in adapting to the current political environment and remaining viable (in a sense, evolve). Similarly, how does outside funding influence the autonomy of PAR-oriented programs and their ability to advocate for the community? How much is privatization influencing the way in which services are being offered?

The applicability of PAR, in the context of assisting newcomers to adjust to a new society, should also be examined. For example, can PAR be used as an approach to stimulate awareness of the similarities and differences among ethno-cultural communities learning to live together and the need to develop services responding to all within the constraints of resources? By the same token, can PAR be used as a tool for gaining an appreciation of cultural diversity and what it means to be Canadian (and vice versa)?

Further exploration of these topics will contribute to a deeper understanding of the process of PAR, capture the impact of setting on the success of PAR-oriented initiatives, and potentially discover new ways of easing the transition period immigrants and refugees face while integrating into Canadian society. Participants in CIMHEP hinted at the empowering impact of participating in a PAR-oriented initiative aimed at developing resiliency among immigrants and refugees to cope with adaptational stress in their new

environment. Providing the tools and resources to assist new Canadians lead whole lives is not only their right but our obligation.

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APPENDIX A
CIMHEP's Mission Statement

Intended liberation. Liberation is the eventual achievement of equitable communities and societies, which are characterized by justice, freedom, and ecological balance.

Develop a compassionate culture. Caring about each other and strengthening commitment to a shared struggle. Seeking connections with each other to build a sense of community, person, and place. The creation of dialogue for an evolving partnership by addressing vital questions such as: Who are we? Why are we here? What do we believe? What is our purpose? How can we work together?

Participate in cohesively dynamic processes of action-reflection. Processes are organic, ever-changing, non-linear, open, and continuous without predetermined time limits or fixed questions, and are interactive and unique to each group. Members move between moments of analysis/education, investigation, and action – back and forth from one moment to another, sometimes staying with one moment for a lengthy period before moving on and at other times quickly passing through a moment. How something is done or discussed is as important as what is being done and discussed.

Value what people know and believe by using their present reality as a starting point and building on it. Recognizing the vital importance of historical and current context, and that people's feelings, beliefs, and personal experiences are vital ways of knowing. Members retrieve past history and relate this information to present circumstances and structures.

Collectively investigate and act. The group works together on needs about which they have strong feelings. Through dialogue, they decide on their major questions and actions. Often practical, their actions promote structural changes rather than personal adaptation to oppressive environments.

Consciously produce new knowledge. The group embarks on a transforming path, making decisions, and taking on activities that are grounded in members' experiences. They seek new, in-depth understanding, using multiple creative means for knowledge generation and documentation. Problem-posing as well as problem-solving techniques are used.

*Adapted from:
Smith, S. Deepening participatory action research. In Smith, S., Willms, D. & Johnson, N. Nurtured by knowledge: Learning to do participatory action-research. (1997). International Development Research Centre. New York: The Apex Press.

APPENDIX B
Framework for Analysis

Developed by Green, L.W., George, A., Daniel, M., Frankish, C.J., Herbert, C.J., Bowie, W.R., &O'Neill, M. in Health Promotion (1995) the intent of this framework was to help agencies/researchers appraise the extent to which research projects align with the principles of participatory action research.

Participants and the nature of their involvement

1. Is the community of interest clearly described or defined?
   - ___No description
   - ___Inexplicit/General description
   - ___General description but explicit
   - ___General/Detailed description
   - ___Detailed description

2. Do members of the defined community participating in the research have concern or experience with the issue?
   - ___No concern or experience with the issue
   - ___Little concern or experience with the issue
   - ___Moderate concern or experience with the issue
   - ___Much concern or experience with the issue
   - ___High concern or experience with the issue

3. Are interested members of the defined community provided opportunities to participate in the research process?
   - ___No opportunity to participate
   - ___Little opportunity to participate
   - ___More than one opportunity to participate
   - ___Several opportunities to participate
   - ___Many opportunities to participate

4. Is attention given to barriers to participation, with consideration of those who have been under-represented in the past?
   - ___No attention to offsetting barriers
   - ___Low degree of attention to offsetting barriers
   - ___Moderate degree of attention to offsetting barriers
   - ___Moderate/high degree of attention to offsetting barriers
   - ___High degree of attention to offsetting barriers

5. Has attention been given to establishing within the community an understanding of the researcher's commitment to the issue?
   - ___No attention to the researchers' commitment
   - ___Low attention to the researchers' commitment
   - ___Moderate attention to the researchers' commitment
   - ___High attention to the researchers' commitment
   - ___Explicit agreement on the researchers' commitment

6. Are community participants enabled to contribute their physical and/or intellectual resources to the research process?
   ___No enabling of contribution from participants (researchers do it all)
   ___Mostly researcher effort; some support from participants
   ___About equal contributions from participants and researchers
   ___Mostly resources and efforts of the participants
   ___Full enabling of participants' resources (researchers act as facilitators)

Origins of the research question

1. Did the impetus for the research come from the defined community?
   ___Issue posed by researchers or other external bodies
   ___Impetus originated mainly from researchers
   ___Impetus shared about equally
   ___Impetus originated mainly from community
   ___Issue posed by the community

2. Is an effort to research the issue supported by members of the defined community?
   ___Support for research from very few, if any, community participants
   ___Less than half of the community supports research on the issue
   ___Community is divided on whether the issue should be researched
   ___More than half of the community supports research on the issue
   ___Support for research from virtually all community participants

Purpose of the research

1. Can the research facilitate learning among community participants about individual and collective resources for self-determination?
   ___No provision for learning process
   ___Low provision for learning process
   ___Moderate provision for learning process
   ___Moderate/high provision for learning process
   ___High provision for learning process

2. Can the research facilitate collaboration between community participants and resources external to the community?
   ___No potential for collaboration
   ___Low potential for collaboration
   ___Moderate potential for collaboration
   ___Moderate/high potential for collaboration
   ___High potential for collaboration

3. Is the purpose of the research to empower the community to address determinants of health?
   ___Purpose devoid of empowerment objective
   ___Low priority empowerment objective
   ___Moderate priority empowerment objective
   ___Moderate/high priority empowerment objective
   ___High priority empowerment objective

4. Does the scope of the research encompass some combination of political, social, and economic determinants of health?
   ___No consideration of political, social, and economic determinants
   ___Only one or two determinants are considered
   ___Limited consideration of combined determinants of health
   ___Moderate consideration of combined determinants of health
   ___Comprehensive consideration of combined determinants of health

Process and context – methodological implications

1. Does the research process apply the knowledge of community participation in the phases of planning, implementation and evaluation?
   ___No use of community knowledge in any phase
   ___Use of community knowledge in one or two phases only
   ___Limited use of community knowledge in all three phases
   ___Moderate use of community knowledge in all three phases
   ___Comprehensive use of community knowledge in all three phases

2. For community participants, does the process allow for learning about research methods?
   ___No opportunity for learning about research
   ___Low opportunity for learning about research
   ___Moderate opportunity for learning about research
   ___Moderate/high opportunity for learning about research
   ___High opportunity for learning about research

3. For researchers, does the process allow for learning about the community health issue?
   ___No opportunity for learning about the community issue
   ___Low opportunity for learning about the community issue
   ___Moderate opportunity for learning about the community issue
   ___Moderate/high opportunity for learning about the community issue
   ___High opportunity for learning about the community issue

4. Does the process allow for flexibility or change in research methods and focus, as necessary?
   ___Methods and focus are predetermined; no potential for flexibility
   ___Mostly predetermined methods and focus; limited flexibility
   ___About equal predetermined methods and focus with flexibility
   ___High flexibility; some predetermined methods and focus
   ___Complete flexibility; methods and focus not predetermined

5. Are procedures in place for appraising experiences during implementation of the research?
   ___No procedure for appraising experiences
   ___Few procedures for appraising experiences
   ___Some procedures for appraising experiences
   ___Many procedures for appraising experiences
   ___Comprehensive procedure for appraising experiences

6. Are community participants involved in analytic issues: interpretation, synthesis and the verification of conclusions?
   - ___No involvement of participants in any analytic issue
   - ___Involvement in one or two analytic issues only
   - ___Limited involvement of participants in all three analytic issues
   - ___Moderate involvement of participants in all three analytic issues
   - ___Comprehensive involvement of participants in all three analytic issues

Opportunities to address the issue of interest

1. Is the potential of the defined community for individual and collective learning reflected by the research process?
   - ___Research process not aligned with potential for learning
   - ___Limited alignment of research process with potential for learning
   - ___Moderate alignment of research process with potential for learning
   - ___Moderate/high alignment of research process with potential for learning
   - ___Comprehensive alignment of research process with potential for learning

2. Is the potential of the defined community for action reflected by the research process?
   - ___Research process not aligned with potential for action
   - ___Limited alignment of research process with potential for action
   - ___Moderate alignment of research process with potential for action
   - ___Moderate/high alignment of research process with potential for action
   - ___Comprehensive alignment of research process with potential for action

3. Does the process reflect a commitment by researchers and community participants to social, individual or cultural actions consequent to the learning acquired through research?
   - ___No commitment to action beyond data collection and analysis and writing report for funding agencies
   - ___Low commitment to social actions based on learning through research
   - ___Moderate commitment to social actions based on learning through research
   - ___Moderate/high commitment to social actions based on learning through research
   - ___Comprehensive commitment to social actions based on learning through research

Nature of the research outcomes

1. Do community participants benefit from the research outcomes?
   - ___Research benefits researchers or external bodies only
   - ___Research benefits researchers primarily; community is secondary
   - ___About equal benefit
   - ___Research benefits community primarily; researchers secondary
   - ___Explicit agreement on how the research will benefit the community

2. Is there attention to or an explicit agreement for acknowledging and resolving in a fair and open way any differences between researchers and community participants in the interpretation of the results?
   - ___No attention to or any agreement regarding interpretation issues
   - ___Low attention to interpretation issues
   - ___Moderate attention to interpretation issues
   - ___High attention to interpretation issues; no explicit agreement
   - ___Explicit agreement on interpretation issues

3. Is there attention to or an explicit agreement between researchers and community participants with respect to ownership of the research data?
   - ___No attention to or any agreement regarding ownership issues
   - ___Low attention to ownership issues
   - ___Moderate consideration of ownership issues
   - ___High attention to ownership issues; no explicit agreement
   - ___Explicit agreement on ownership issues

4. Is there attention to or an explicit agreement between researchers and community participants with respect to the dissemination of the research results?
   - ___No attention to or any agreement regarding dissemination issues
   - ___Low attention to dissemination issues
   - ___Moderate consideration of dissemination issues
   - ___High attention to dissemination issues; no explicit agreement
   - ___Explicit agreement on dissemination issues

APPENDIX C
Questionnaire

The following questions ask about your involvement in the Community-Based Immigrant Mental Health Project. Your answers will help me understand the steps and events that are important in participatory action research (PAR) projects. I hope that the findings will help to improve this and other similar projects. Once the results of this questionnaire are put together, you will have a chance to read the summary and comment on what was said. Your name will not be linked to any information you provide. If you need more room to write, please use the back of this sheet.

1. Why did you join this project?

2. What is your role in the project?

3. Why do you stay?

4. What does working as a partner mean to you?

5. How has being in the project affected you personally?

6. In what way has being in the project helped your learning?

7. How do you share that learning with others?

8. How do you see the project influencing other organizations and agencies (for example: health care institutions, government organizations)?

These final questions ask for some personal information. This information is being requested so that I can understand the structure of the core group and the steering committee. If you are not comfortable responding to a question you can skip the question, but please continue with completing and submitting your questionnaire.

1. Are you male or female?

2. What is your age?

3. What is your job?

4. Were you born in Canada? Yes No
   4a. If no, how many years have you lived in Canada?

   4b. If no, did you come to Canada as an immigrant or as a refugee?

5. To which ethnic community do you belong?

6. Do you actively practice a religion? Yes No
   7a. If yes, what religion?

7. Are you a part of an organization or agency? Yes No
   8a. Which organization or agency?

8. Are you a part of another project? Yes No
   9a. Which project?

Thank you for completing the questionnaire!

✂----------

Invitation to participate in focus groups

If you wish to participate in a focus group please fill out this form and return in the separate stamped envelope provided for this purpose.

Name: _____

Please give me your phone number so that I may call you to tell you more about the questionnaire.
Phone number: _____

If you prefer not to give me your phone number I may be reached at 492-9600

Thank you for your help,
Jeannette van der Velde

APPENDIX D
Focus Group Interview Guide

Purpose:

The purpose of the proposed research is to examine the process of PAR in the CIMHEP project by determining and describing the factors and conditions that create, as well as maintain, a PAR-oriented initiative. This will be analyzed from the varying perspectives of the stakeholders involved with CIMHEP.

1. To determine if and how the main tenets of PAR are achieved in CIMHEP.
    - participation
    - empowerment
    - attaining knowledge/learning
    - social action/social change
2. To investigate if the particular factors and conditions required for creating and maintaining a PAR-oriented initiative are the same or different for the various stakeholders involved with CIMHEP.
3. To examine what the crucial factors and conditions are for creating and maintaining PAR- oriented initiatives (using CIMHEP as a model and the literature as a guide).

Group's role in the research:

Because of your involvement with CIMHEP and the nature of the research that I am interested in – I would like to know your perspective of what it is like being involved with this project. I would like to see if the five communities involved with this project have the same/differing experiences. Also, I want to see if having a managerial role vs. a community role has made/is making a difference.

Confidentiality & consent forms:

I will not use your real names in any written or oral presentations. Instead, I will be giving false names to all of you. Any information that could identify you will be deleted or modified to protect you. There may be instances where I use your response to a question in another focus group, I will not share with them who made that comment.

I will guarantee that I will keep the source of all information confidential. I have to ask that you do not share with others outside of this group what we will talk about.

Reason for the recording device:

I am using the recording device simply because I can not write fast enough to keep up with the conversation. Also, I do not want to miss anything that we talk about. I also think it is nicer if I can really listen to your comments as we speak rather than frantically writing. My supervisors and I will be the only ones who will have access to the tapes. I will transcribe them myself and let you see a copy of the transcripts. You can then let me know if I captured everything correctly or if I have made an error.

Basic rules and guidelines:

The plan for this focus group is that I will ask you a question, and anyone/more than one person may answer. We can then have a discussion

around the issues/answers raised. I may ask a few probing questions but I will not participate in the discussion. There are no right or wrong answers or opinions. It is okay if you have a different opinion or answer to the question than the other participants, I would like hear them all.

Do you have any questions about the project?

The topics were derived from responses to the questionnaire, the research objectives, and the themes on the checklist. These are the topics that were explored, the bulleted questions were used as probes.

Participation:

1. Besides sharing resources, learning from each other, and team work/partnership what are some other elements required for participation?
2. Do you feel that you are an equal partner in CIMHEP?
    - Equal participation means?
    - How do you ensure equal participation?
3. Someone mentioned "laying everything on the table" (having no personal/hidden agendas) was a key element of participation,
    - Do you agree?
    - Is this occurring?
    - If no, how can this be promoted?
4. It seems that there is a difference between communities and the level of participation,
    - What do you think are some reasons for this difference?
    - Do you think all communities are represented and heard equally?
    - How do you ensure this equality?
    - If there is inequality, is this causing difficulties?
5. What do you think are some barriers to participation?
    - How can they be removed?

Empowerment:

6. What does the word empowerment mean to you?
7. What are some of the key ingredients of empowerment?
8. Many individuals have responded that being involved in CIMHEP has given them hope,
    - How do you think this hope is achieved?
9. On the other hand, a few people have indicated that being involved with CIMHEP has affected them negatively.
    - What do you think this could be attributed to?
    - How can this be prevented?

Learning:

10. Most of the responses indicated that participants are learning.
    - What are you learning?
11. How have you been affected by the interactions with other participants?
    - If yes, how?

- If no, why not?

12. Do you think the project management team has been affected by the interactions with community members?
    - If yes, how?
    - If no, why not?
13. Do you think the community participants have been affected by the interactions with other communities?
    - If yes, how?
    - If no, why not?
14. Do you think they have learned anything new from you?
    - Please explain.
15. Is this a new type of interaction for you compared to other projects that you might have been involved with previously?
    - What are some key differences?
16. How do you think this knowledge exchange is affecting the project?
    - Please explain.
17. What motivates you to share what you have learned with others?

Social Action:

18. The goal of CIMHEP is to change the current way that services are being offered to immigrants and refugees.
    - Do you think that it is a possible goal?
    - If yes, how do you think this is achieved?
    - If no, what is hindering it?
19. Who is responsible for the component of social action?
    - Does success of the project depend on who is responsible?
20. Has your community changed as a result of this project?
    - If yes, how?
    - If no, why not?
21. Are changes needed in your community?
    - Can you give me some examples?
22. Have you changed as a result of this project?

Recommendations:

23. What would you do the same?
24. What would you do differently?

APPENDIX E
Information Letter - Study

Participatory Action Research: Merging Theory and Practice in a Community-Based Mental Health Project for Immigrants and Refugees

Purpose

To learn about the process involved in participatory action research (PAR) projects and to understand the factors that are involved in creating and maintaining these types of projects. The information will also let us know what the strengths of the Community-Based Mental Health Project are so that we can build on them. It may also help to make some changes.

Who is doing the study

Principle investigator: Jeannette van der Velde, Centre for Health Promotion Studies graduate student, University of Alberta (492-9600).

Co-supervisors: Dr. Deanna Williamson, Department of Human Ecology, University of Alberta (492-5770).
Dr. Linda Ogilvie, Faculty of Nursing, University of Alberta (492-9109).

If you agree to participate in the study

1. You will complete a short questionnaire, which will take about half an hour.
2. You will be invited to participate in a focus group (please see attached information sheet about the focus groups).

Benefits

This study may not have direct benefits for you. It is hoped that the findings will help us understand the steps and events that are important in PAR projects and help other individuals who want to start similar projects in their cities.

Risks

No known risks in participating in this study.

Confidentiality and consent

You do not have to be in this study. You can quit at any time by telling the researcher. You may refuse to answer any questions. The study is not being done for any government agencies or departments. Returning the questionnaire means you agree to participate in this portion of the study. Once the results of this questionnaire are put together, you will have the chance to read the summary and comment on what was said. Your name will not be linked to anything you say. All the notes will be kept in a locked cabinet at the University. If the information you give is used for another study, the researchers will first ask an ethics committee. The findings from this study may be published or

presented at conferences. But your name and any information that may identify you will not be included.

If you have any questions about this study, you can call Jeannette van der Velde (492-9600).

If you have concerns about any part of this study, call Dr. Helen Madill (492-9347), she is not part of this study.

Initial _____

APPENDIX F
Information Letter - Focus Group

Participatory Action Research: Merging Theory and Practice in a Community-Based Mental Health Project for Immigrants and Refugees

Purpose

To learn about the process involved in participatory action research (PAR) projects and to understand the factors that are involved in creating and maintaining these types of projects. The information will also let us know what the strengths of the Community-Based Mental Health Project are so that we can build on them. It may also help to make some changes.

Who is doing the study

Principle investigator: Jeannette van der Velde, Centre for Health Promotion Studies graduate student, University of Alberta (492-9600).

Co-supervisors: Dr. Deanna Williamson, Department of Human Ecology, University of Alberta (492-5770).
Dr. Linda Ogilvie, Faculty of Nursing, University of Alberta (492-9109).

If you agree to participate in the focus groups

- You will participate in one focus group (about 6-8 people)
- A group of you will be discussing your involvement and experiences with CIMHEP
- These focus groups will be taped and typed
- The focus group will take about 2 hours

Benefits

This study may not have direct benefits for you. It is hoped that the findings will help us understand the steps and events that are important in PAR projects and help other individuals who want to start similar projects in their cities.

Risks

There are no known risks in participating in this study. If during the focus groups you feel uncomfortable and believe that you need help, I can help you find appropriate assistance

Consent and confidentiality

You do not have to be in this study. You can quit at any time by telling the researcher. You may refuse to answer any questions. The study is not being done for any government agencies or departments.

The focus groups will be taped and then typed. Only the people who work on this study will hear the tapes and read the types notes. You will be offered a chance to read the transcripts of the focus groups. Your name will not be linked to anything you say. The findings from this study may be published or presented at conferences. But your name and any information that may identify

you will not be included. All the tapes and notes will be kept in a locked cabinet at the University. If the information you give is used for another study, the researchers will first ask an ethics committee.

Before the beginning of the focus group you will be asked to sign a consent form. People who take part in the focus groups will be asked not to talk about information shared in the group with other people when they leave the group. But the researcher can not guarantee that people will not talk outside of the group.

If you have any questions about this study, you can call Jeannette van der Velde (492-9600).

If you have concerns about any part of this study, call Dr. Helen Madill (492-9347), she is not part of this study.

Initial _____

APPENDIX G
Consent Form - Focus Groups

Title of project: Participatory Action Research: Merging Theory and Practice in a Community-Based Mental Health Project for Immigrants and Refugees

Principle investigator: Jeannette van der Velde, Centre for Health Promotion Studies (492-9600).

Co-supervisors: Dr. Deanna Williamson, Department of Human Ecology (492-5770)
: Dr. Linda Ogilvie, Faculty of Nursing (492-9109)

Part 2 (Please answer the following questions by circling yes or no):

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the information letter? Yes No

Do you understand the benefits and risks of taking part in this research study? Yes No

Have you had a chance to ask questions and discuss this study? Yes No

Do you understand that you can quit taking part in the study at any time? (You do not have to say why) Yes No

Do you understand that the focus group will be tape-recorded? Yes No

Has the issue of confidentiality been explained to you? Yes No

Do you understand who will have access to the tapes or written notes from what you say? Yes No

This study has been explained to me by: _____

I agree to take part in this study. Yes No

_____ _____ _____
Signature of Research Participant Date Witness

_____ _____
Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Signature of Investigator Date